

CHAPTER ONE

INTRODUCTION

Section 100 - OVERVIEW

- A. The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) was signed into law on August 22, 1996. PWORA is based on the philosophy that parents, not the government, are responsible for the support and well being of their children. To achieve that end, Congress placed a strong emphasis on both individual and family responsibility. The Deficit Reduction Act of 2005 (DRA) re-authorizing Temporary Assistance to Needy Families (TANF) was signed into law in February 2006, and included major changes regarding work participation rates. Major provisions of both acts include:
- Abolishment of the Aid to Families with Dependent Children (AFDC) Program, Emergency Assistance (EA) and the Job Opportunities and Basic Skills Training (JOBS) Program and creation of a single block grant to states called Temporary Assistance to Needy Families (TANF).
 - Imposition of a five-year lifetime limit, excluding time on welfare as a child, for federal benefits under TANF.
 - Elimination of statutory entitlement to federal assistance under Title IV-A of the Social Security Act.
 - Requirement for teen parents who have not yet reached 18 years of age, are not married and who have a minor child in their care, to live with a parent, legal guardian, or other adult relative and to remain in school as a condition of eligibility.
 - Requirement for parents to engage in meaningful work-related activities in an effort to gain unsubsidized employment so they can support themselves and their families.
 - Restriction on the types of activities countable toward meeting the work requirements of both acts.
- B. In accordance with the provisions of PWORA, cash assistance under TANF was implemented in Alabama as the Family Assistance (FA) Program effective November 15, 1996, replacing the Aid to Families with Dependent Children (AFDC) Program, and contained the following provisions:
- A family which includes an able-bodied adult as defined in section 110 may not receive FA for more than five years (60 months), whether or not consecutive, unless the family is granted an exemption to the time limit due to a hardship. The five-year time limit applicable to families including adults became effective December 1, 1996.

- Effective December 1, 1996, each able-bodied adult who receives FA is required to engage in work as soon as possible.
 - The EW is responsible for determining whether a family meets the criteria for a hardship exemption to the time limit. Such a determination by the EW will not delay the adult from being referred to JOBS.
 - The JOBS CM is responsible for determining whether a client will be required to participate in work activities and the extent of the participation as described in Chapters 2 and 5 or whether the client is to be temporarily deferred from participation as described in Chapter 3.
- C. Assistance under TANF may be provided in various forms. For federal purposes, the term “assistance” includes cash, payments, vouchers, and other forms of benefits designated to meet a family’s ongoing basic needs i.e., food, clothing, shelter, utilities, household goods, personal care items and general incidental expenses. It includes these benefits to individual recipients when they are provided directly by a TANF agency or another agency on behalf of the TANF agency. Assistance is conditioned on participation in work experience, community service, or any other work activity that is countable toward meeting the federal work participation rate or allowable by the state. **Unless specifically excluded under “D” below, it also includes supportive services, such as childcare and transportation, provided to families who are not employed.**
- D. The following benefits are excluded from the federal definition of assistance and therefore are not conditioned on participation in work activities:
- Non-recurrent, short-term benefits that (1) are designed to deal with a specific crisis situation or episode of need; (2) are not intended to meet recurrent or ongoing needs; and (3) will not extend beyond four months;
 - Work subsidies, i.e., payment to employers or third parties to help cover the cost of employee wages, benefits, supervision, and training;
 - Supportive services such as child care and transportation provided to families that are employed;
 - Refundable earned income tax credits;
 - Contributions to, and distributions from, Individual Development Accounts (IDA);
 - Services such as counseling, case management, peer support, child care information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support; and
 - Transportation benefits provided under a Job Access or Reverse Commute (JARC) project to an individual who is not otherwise receiving assistance.

- E. The federal definition of assistance does not preclude a state from providing other types of benefits and services in support of the TANF purposes.
- F. The term “needy” is defined by each state based on the particular benefits and/or services in question.
- G. The TANF Program was re-authorized in the Deficit Reduction Act of 2005 (DRA), which was signed into law in February 2006. Under the re-authorization, major changes were made in regards to what states must do to meet required work participation rates. Changes from the DRA are incorporated in Chapter 2 and elsewhere as appropriate. One of the new regulations resulting from the re-authorization specifically defines which families are included in the calculation of the work rate. To do this a new term is used to specify the circumstances under which a parent who resides with a child who is a recipient of assistance should be included in the work participation rates. The new term is “work-eligible individual” and is used to describe anyone whose participation in work activities counts toward meeting participation rates. A work-eligible individual is:
 - 1. An adult or minor parent head of household receiving assistance under TANF or a separate state program, unless excluded as stated below; and
 - 2. A non-recipient parent living with a child receiving assistance, unless the parent is excluded as stated below.

Excluded Individuals:

- a. A minor parent who is not a head of household;
- b. An alien who is ineligible to receive assistance due to his/her immigration status;
- c. A recipient of SSI or SSDI;
- d. A parent providing care for a disabled family member living in the home;
- e. An individual in a family receiving MOE-funded assistance under an approved Tribal TANF program, unless the state includes the Tribal family in calculating work participation rates, as permitted in section 261.25. Not applicable to Alabama.

Although families containing a non-recipient parent as stated in “2” above are included in the participation rate, Alabama has chosen not to require participation of these individuals. One of the main reasons for this is that most, if not all, of the individuals included in this group are individuals who are prohibited from receiving TANF assistance. Therefore, these individuals will not be referred to the JOBS Program.

Section 105 - JOBS PROGRAM

A. Mission

The mission of the JOBS Program is to (1) provide support to needy families so that children are cared for in their own home or in the home of relatives; (2) encourage and assist recipients of FA to succeed in making the transition from welfare to work or self-sufficiency; and (3) aid former recipients so that they can retain their employment and avoid returning to the system.

B. Goals and Objectives

1. The goals of the JOBS Program are:
 - a. to assist adults who are current, former or potential recipients of FA or who are otherwise categorized to be needy in obtaining and retaining gainful employment as quickly as possible; and,
 - b. to assist teens in remaining in school and avoiding long-term welfare dependency.
2. The following three objectives are aimed at achieving these goals:
 - a. that FA recipients and other needy individuals have opportunities for skills development and job placement;
 - b. that necessary supportive services are available; and,
 - c. that training and skills development programs, job placement programs, and job retention services are effectively coordinated.

C. Administration

The Family Assistance Division of the Department is responsible for implementation and ongoing operation of the JOBS Program. The case management system is used to provide services aimed at preparing clients to gain and retain unsubsidized employment.

Section 110 - DEFINITIONS

Adult refers to any recipient who is included in the assistance unit as an adult. Usually this person will be 18 years old or older; however a parent may be younger than 18 and included in the FA unit as an adult.

Adult Education (AE), in the context of the JOBS Program, is any education designed for clients who have not yet attained a high school diploma or its equivalent.

Applicant is any individual who made an application or on whose behalf an application for FA was made with the appropriate county DHR office and the application has not been approved or denied.

Assistance Unit (AU) refers collectively to the family members for whom Family Assistance is sought or received.

Barrier refers to any situation or problem that hinders or prevents an individual from participating in the JOBS Program or from reaching the goal(s) established in the Individual JOBS Participation Plan or other self-sufficiency plan.

Case Manager (CM) refers to the JOBS worker or other DHR employee assigned to manage client participation in the JOBS Program.

Client is any applicant or current/former recipient of cash assistance or other TANF funded program.

Component is any of the specific employment, pre-employment, employability advancement, and job retention activities designed to increase the employability of JOBS clients.

Countable Participant refers to the grantee whose needs are included in the AU and, in a two-parent AU, the grantee's spouse. In certain circumstances, participation of other parents in the AU may be countable.

County Department refers to the local county Department of Human Resources.

Department refers to the Alabama Department of Human Resources.

Eligibility Worker (EW)/Public Assistance (PA) Worker refers to the worker assigned to determine initial and/or continuing eligibility for FA.

English as a Second Language (ESL) is instruction in the English language for clients whose native language is not English.

Family Assistance (FA) refers to the Department's cash assistance program, formerly known as Aid to Families with Dependent Children (AFDC).

Family Assistance and Comprehensive Employment and Training System (FACETS) is the automated system used to compile information, authorize FA payments, supportive services and/or reimbursements, and track a client's participation in FA and JOBS.

Family Responsibility Agreement (FRA) is the grantee's declaration of her/his understanding of the JOBS participation requirements for all family members and her/his agreement to accept responsibilities for all family members in meeting those requirements. The FRA also contains an authorization for the release of information on unit members, and is documented on the DHR-FAP-2115.

Family Responsibility Plan (FRP) is the family's overall plan for self-sufficiency based on individual assessments by the CM. Documentation of the plan includes the FRA and IJP written documents that outlines steps and activities required of and/or agreed to by the grantee and/or other family members to reach the agreed upon employment or other self-sufficiency goal. It also includes supportive and family services to be provided by the Department and other sources.

General Educational Development (GED) Certificate is a high school equivalency certificate that is awarded when a person passes a test given by an AE program. It is usually accepted as the equivalent of a high school diploma.

Grantee Relative (grantee) refers to the head of the AU and the individual in whose name the FA benefits are granted.

Individual JOBS Participation Plan (IJP) refers to the client's plan of action for achieving financial self-sufficiency based on an assessment by the CM. Documentation of the plan is a written document describing the client's goals, the step-by-step actions the client and CM will take, work activities in which the client will engage, timeframes for activities, resources to be explored, supportive services, any other pertinent information, and the signatures of the client and CM.

JTPA (Job Training Partnership Act) refers to a federal program replaced by the Workforce Investment Act (WIA).

Minor refers to any recipient who is under 18 and in the AU as a child or is 18, still in secondary school and in the AU as a child.

Minor Parent is any recipient who has a child, is under 18, and is unmarried, regardless of his/her child or adult status in the AU.

Non-recipient Parent refers to a parent of a child in the AU who is not included in the AU.

One-Parent Family refers to a FA family in which there is only one parent as defined below of each of the children in the AU living in the home.

Parent refers to the mother (natural, step, or adoptive) or father (natural, step, adoptive, or legally proclaimed) of a child in a FA unit.

Participant refers to a client who is actively engaged in a JOBS activity.

Penalty is a reduction in the amount of the FA grant (sanction), a loss of FA eligibility for a specified period of time (disqualification), and/or a loss of supportive services resulting from noncompliance with JOBS requirements.

Public Assistance (PA) Unit refers to the eligibility unit responsible for determining initial and continuing eligibility for FA.

Public Assistance Reporting System (PARS) is the retired automated system used to authorize and track FA payments made to clients through November 30, 1999. Payment history information for periods of FA eligibility prior to that time is still available through inquiry on this system.

Recipient is any individual who receives FA and whose needs have been considered in determining the amount of FA for the AU. This includes a recipient whose FA has been suspended.

Relative for purposes other than as a legal childcare provider according to section 610-A9 is an individual related to the client as stated below. The following is an exclusive listing:

- Parent, including natural, adoptive, or step-parent (but not the parent of a step-parent);
- Spouse;
- Mother-in-law, father-in-law;
- Child (natural, adoptive, or step), grandchild (including step or adoptive), great-grandchild, great-great grandchild, great-great-great grandchild;
- Sibling, (natural, step, adoptive,);
- Grandparent (natural, adoptive, or spouse of natural or adoptive), great, great-great, great-great-great;
- Aunt/uncle, great- and great-great aunt/uncle;
- Niece/nephew;
- First cousin or first cousin once removed (meaning the first cousin of the client's parent or the child of the client's first cousin; and
- The spouse of any relative listed above.

NOTE: Blood relationships are not severed by adoption. Also an individual who has ever been related to the client as an "in-law" or "step" within the degrees listed above is considered a relative.

SAIL Project is the Special Assessment Intervention and Liaison Project developed through a contract between the State Department of Human Resources and the Alabama Coalition Against Domestic Violence to provide counseling and other services aimed toward safety and self-sufficiency to low income families who are victims of domestic violence.

Specialized Family Responsibility Plan for Time Limit Countdown is the family's monthly plan for self-sufficiency during the last six months of the 60-months time limit for receipt of FA and thereafter. In the plan remaining barriers are identified and ways to address and overcome or work around the barriers are stated, including the resources that will be used. The plan is to be completed with the FA grantee and documented on form DHR-FAD-2091.

Sanction is the financial reduction penalty imposed on a family's FA benefits due to the failure or refusal of a member of the AU who is subject to JOBS requirements to participate satisfactorily in an assigned JOBS activity.

Spouse is the husband or wife of the FA grantee.

Two-Parent Family refers to a FA family in which there are two able-bodied natural or adoptive parents of at least one mutual child in the AU living in the home, one of which is the grantee or spouse of the grantee. This definition is used for purposes of determining the TANF work requirements.

Work Action Plan is a written document that outlines client strengths, weaknesses, and strategies/steps to be taken to move the client into employment based on the 20-month extensive evaluation that is conducted by the CM with the collaboration of client and various community resource providers.

Work Eligible Individual is a mandatory JOBS participant as defined in section 200-A and/or an individual as defined in section 100-G.

Workforce Investment Act (WIA) is a federal act signed into law in 1998 by President Clinton that reformed federal job training programs (JTPA) and created a comprehensive workforce investment system.

CHAPTER TWO

PARTICIPATION REQUIREMENTS

200 INDIVIDUALS SUBJECT TO JOBS PARTICIPATION REQUIREMENTS

A client's participation in the JOBS Program will be on either a mandatory or voluntary basis as stated below. The PA worker will refer all mandatory and some voluntary participants to the JOBS Program as stated below and in section 305. A mandatory participant may also be referred to as a "work eligible" individual for federal participation purposes. However, not all mandatory participants are work eligible and vice-versa, and not all federally defined work eligible individuals will be referred to the JOBS Program, which means that the JOBS CM will not work with all individuals whose participation is counted in calculating the participation rate. See section 100-G for the federal definition of work eligible individuals.

- A. An individual living in the home who is an adult parent (age 18 or older) of a child in the FA unit and whose needs are included in the FA unit is a mandatory participant. The **exception** is a parent under age 19 and included in the FA unit as a child (Referral Status code T or A).
1. If the referred adult parent is the FA grantee, s/he will have a FA Referral Status of "C" (grantee relative under age 20) or "M" (all other grantees) on the ZC18 member screen. Other adult parents will be coded "P" (spouse of the grantee) or "O" (other adult).
 2. A mandatory participant must be **required** to participate in JOBS activities, unless s/he meets a deferral criterion in section 325, participation is delayed because there is no appropriate activity in which the client can participate, or s/he is not a work eligible individual.
 - a. A mandatory participant who does not meet a deferral criterion or work eligible exclusion will cause a penalty (sanction/disqualification) against the FA benefits according to Chapter 7 if s/he fails or refuses to cooperate with requirements without good cause.
 - b. A mandatory participant who meets a deferral criterion may participate voluntarily. Such participation will not cause a penalty against the FA benefits if s/he fails or refuses to cooperate **if** the reason for the failure/refusal is attributable to the deferral criterion that the client meets. For example, the CM has verification that Ms. Jones has a depressive condition and may not be able to attend training in a classroom setting. Ms. Jones may volunteer for job readiness or other short-term training in a classroom setting, and her FA benefits may not be penalized if she drops out of the class due to the depression. See section 205-B1 for more information.

- c. A mandatory participant who meets a work eligible exclusion may also participate voluntarily. The voluntary participation is not subject to noncompliance penalties.

If the client does not participate voluntarily, the Participation Status on ZD21 should be DF (deferred), and include the appropriate status reason code. See section 205-B2 for more information.

- B. An individual under age 19, who lives in the home, is a parent of a child receiving assistance, and who is included in the FA unit as a child is a voluntary participant. These individuals are not subject to JOBS participation requirements. Such individuals will have a Referral Status of “T” or “A”, and must be **encouraged** to participate by remaining in secondary or post-secondary educational activities, as appropriate. However, there is no JOBS penalty for noncompliance if they do not. See section 205-A for more information on working with these clients.
- C. Once a JOBS record has been created on FACETS and FA benefits have been approved, the CM will review the individual’s circumstances and determine which FA members will be **required** or **encouraged** to participate. An assessment and a Family Responsibility Plan (FRP) will be completed with each family (required or encouraged). See Chapter 3 for more information regarding assessments and FRPs.

205 VOLUNTARY PARTICIPATION

Voluntary participation in work activities by FA recipients applies to the following clients:

- Parents under age 19 who are included in the FA unit as a child as described in Section 200-B;
- Mandatory adult parents who meet a deferral criterion or work eligible exclusion, but volunteer to participate; and
- A non-parent or non-custodial parent teen (under age 19) who is included in the FA unit as a child and attends high school, GED classes or other activities approved by the CM.

Volunteers may **NOT** cause the unit's FA benefits to be penalized for failure to participate satisfactorily or to make satisfactory progress. However, supportive and work enhancement services will be stopped if the client does not have good cause for the failure or refusal. Participation for these three groups is described below.

A. Parents Under age 19 and Included as Children in the FA Unit

A parent under age 19 and included in the FA unit as a child will be referred to JOBS for the provision of supportive services and verification of school attendance. The parent must attend secondary school or GED classes, unless s/he already has a high school diploma or GED. If the parent has a high school diploma or GED, s/he should be encouraged to participate in other activities that will help her/him become financially self-sufficient.

1. If the parent has a high school diploma or GED, s/he will be referred with a Referral Status code of "A". If the parent does not have a high school diploma or GED, s/he will be referred to JOBS with a Referral Status of "T". If the parent obtains a high school diploma or GED, the CM must update ZD12 to notify the PA worker. The PA worker will change the Referral Status code from "T" to "A". Participation will still be considered voluntary after the change to the code, and the parent may voluntarily participate in any JOBS activity approved by the CM.
2. Participation by these volunteers must be entered on FACETS and kept current the same as for mandatory participants. The PA worker will verify satisfactory school attendance prior to referral. This verification is considered as the initial assessment. Therefore, upon receipt of the referral and confirmation that the parent is a FA recipient, update ZD21 to indicate the initial assessment has been completed. The case manager must contact the FA grantee and offer supportive services.

3. The CM must reassess the parent's need for supportive services and verify satisfactory attendance. The reassessment and verification of school attendance must be done in January, May, and August of each year. The reassessment will consist of a contact with the FA grantee and verification of the school attendance. Report cards and other records from the school or GED provider may be accepted. Satisfactory attendance is defined by the educational facility. Therefore, if the parent is attending satisfactorily (still enrolled) according to the education facility's records, s/he is meeting the requirement. Verification of satisfactory progress is not required. However, the CM must inquire about the parent's progress at each reassessment and provide supportive services to the extent possible to assist the parent in participating satisfactorily.
4. If the education facility verifies the parent is not attending satisfactorily, terminate supportive services, and notify the PA worker immediately and no later than 3 workdays after learning of the non-attendance. Use the inter-office communication notice for this purpose. Do not enter a NC on ZD21, as the failure/refusal is not a JOBS noncompliance issue.
5. Supportive services may be provided for any activity approved by the CM according to Chapter 6. However, the client must verify and/or document (as appropriate according to Chapter 6) that s/he actually incurred the expense and participated for the time frame for which the supportive services are provided.

B. Mandatory Participants Who Meet a Deferral Criterion or Work Eligible Exclusion

A mandatory participant who meets a deferral criterion may volunteer to participate in JOBS activities as stated in section 200-A2b. The parent would retain the mandatory Referral Status and Work Eligible codes. However, the Participation Status code on ZD21 would be "PL" (placed) rather than "DF" (deferred).

1. The voluntary participation must be verified and entered on the appropriate FACETS screens and kept current the same as for any mandatory participation. There is no JOBS noncompliance penalty if the client fails or refuses to cooperate in the activity after agreeing to do so **if** the reason for the failure/refusal is attributable to the deferral criterion the client meets. See section 200-A2b.
2. A mandatory participant who meets a work eligible exclusion as stated in section 100-G may volunteer to participate in JOBS activities as stated in section 200-A2c. The participant would retain the mandatory Referral Status code, but the Work Eligible code would indicate the participant is not a work eligible individual and the Participation Status code would be PL. Failure/refusal to participate as agreed with or without good cause is not subject to noncompliance penalties.
3. Supportive Services may be provided according to Chapter 6 for any activity approved by the CM. Close services if the client is no longer participating.

C. Non-Parent or Non-Custodial Parent Teens in the FA Unit as Children

A non-parent or non-custodial parent teen, age 16 through 18 who is attending school, working or otherwise participating in an activity approved by the CM and is in need of supportive services may be considered a voluntary JOBS participant in order to receive JOBS supportive services.

1. The PA worker will inform the FA grantee about supportive services available for these teens, and ask the grantee to contact the JOBS Program if services are needed. No referral will be made on FACETS.
2. Supportive services may be provided for any activity approved by the CM according to Chapter 6. However, the client must verify and/or document (as appropriate according to Chapter 6) that s/he actually incurred the expense and participated for the time frame for which the supportive services are provided.
3. If the FA grantee requests assistance in paying for supportive services for a teen and it is determined the teen is eligible, the services should be reimbursed or paid to the FA grantee using Welfare Reform Initiative Funds (WRIF). Do not enter the supportive services on FACETS.

210 PARTICIPATION REQUIREMENTS

Once it has been determined that a mandatory participant will participate, it is the CM's responsibility to make accessible the necessary resources and services to enable participation as stated below.

A. Hours of Participation

Generally, a client should be assigned to as many hours as is appropriate to achieve the goals in her/his IJP. The standard requirement is based on whether the client is a member of a one or two-parent family. The hours of participation may be in countable work or non-countable work enhancement activities. However, the first priority for placement of the client is in work activities. Unless, based on the CM's discretion, individual circumstances warrant fewer hours, the client must be required to participate as follows:

1. **One-Parent Family:** Federal regulations require that a work eligible individual in a one-parent family participate in a work activity at least 30 hours per week, 20 of which must be in a core activity as listed in section 215-A. In order to meet this requirement, any mandatory participant in a one-parent AU should be required to participate in core and non-core activities for 35 hours per week, at least 25 of which should be in core work activities, as listed in section 220-A. The other 10 hours may be in non-core activities described in section 220-B. See exception for minor teen parents in section 220.

Exception: A single custodial parent with a child under age six will count as meeting the required number of hours if s/he participates for an average of at least 20 hours per week *in a core activity* for the month. However, such parents should be required to participate for the same number of hours as any other parent, unless childcare is not available and/or adequate.

2. **Two-Parent Family:** Federal regulations require that each work eligible, able-bodied individual in a two-parent family participate for a combined average of 35 hours per week, 30 of which must be in a core activity. In order to meet this requirement, each parent (and any other mandatory participant) in a two parent AU must participate for the same number of hours as a parent in a one parent family (35 hours per week, 25 of which should be in core activities), unless one parent meets a deferral or delayed participation criterion. This is to ensure that the parents' combined participation is at least 35 hours per week and to make the work requirements comparable for each individual, regardless of the number of parents in the home.
 - a. If federally-funded childcare is provided to either parent and one parent is **not** disabled or caring for a disabled child, both parents must participate for a combined total of 55 hours per week.

- b. If participation is deferred/delayed for one parent for any other reason, the other parent must participate for 40 hours per week, 30 of which should be in core activities. See section 325 for the circumstances under which participation for a parent in a two-parent family may be deferred or delayed.
 - c. If the CM determines that one parent is needed in the home to care for a child because no appropriate childcare is available (accessible and/or affordable) while the other one participates, participation by the parent who will care for the child may be deferred. The grantee and spouse must decide which parent will care for the child and make a written declaration during the assessment of whether the requirement will be met by the grantee or spouse;
 - The non-participating parent's participation status and reason codes should be "DF" and "LP", respectively, on ZD21. If the designated parent subsequently fails or refuses without good cause to participate satisfactorily, the declaration becomes void and the other parent will be required to participate. Once a declaration is voided due to noncompliance, the unit may not make another one unless there is a change in the grantee and/or spouse designation. See Chapter 7 for noncompliance penalties.
 - The declaration must be signed by both parents.
 - The declaration may be amended only with the concurrence or initiation of the CM and only if the CM determines that the action would better facilitate the family's efforts to achieve the required level of participation.
3. **Parents under age 19:** Regardless of whether the parent is an adult or child in the FA unit, the JOBS participation requirement is satisfactory attendance in a secondary school or in the equivalent level of vocational or technical training, unless the parent already has a high school diploma or GED. If the parent has a high school diploma or GED, s/he should be required to participate in other core activities as appropriate.
 4. **Countable Hours and Activities:** For unpaid activities, only a certain number of hours are countable toward meeting participation requirements. All unpaid hours must be verified and documented. For paid activities, countable hours are anticipated hours that are based on verified actual paid hours.
 - a. For paid employment, countable hours are the hours for which the client has been and will routinely be paid and includes paid holidays and sick leave. See section 510-B.
 - b. For self-employment, countable hours are the hours derived from dividing the gross monthly income (minus 40% for business expenses) by the federal minimum wage. See section 510-B.

- c. For unpaid activities, countable hours include actual hours attended, plus hours missed due to designated holidays, plus a maximum number of excused absence hours (up to 16 per month and 80 per rolling 12-month period). See sections 515-D and 530.

B. Registration with the *Alabama Career Center*

Each mandatory participant, except a minor parent, must maintain current registration with the *Alabama Department of Labor Career Center through Alabama JobLink* and must apply for and accept any suitable offer of employment. *The process for registration is currently automated and occurs when a mandatory JOBS participant is awarded TANF benefits. The “TANF JOBS Co-Registration” period is for one year. If the CM verifies that a client is currently registered, the client may not be required to register again until the current registration expires or the TANF case reopens after closure, whichever period is shorter.*

It is the responsibility of the JOBS case manager to inform the client at assessment of their TANF JOBS Co-registration with Alabama JobLink and the services that can be accessed at the Alabama Career Centers. The case manager will refer the client to the local Career Center or satellite office as appropriate. Directions for using ADOL’s Career Center website can be found in Appendix A on iDHR labeled “Instructions for Alabama JobLink (AJL) Usage”.

C. Satisfactory Attendance and Progress

Once assigned to a JOBS activity, the client is expected to participate satisfactorily, i.e., attend satisfactorily and make satisfactory progress as described below.

1. **Satisfactory Attendance** is achieved if the participant attends the assigned work activity for the required number of hours each week, or has good cause for not attending the required number of hours as stated in section 705-B. Failure/refusal to attend satisfactorily without good cause is subject to noncompliance penalties.
2. **Satisfactory Progress** is defined as meeting the level of achievement considered to be “satisfactory” by the employer, educational facility, or authority responsible for the particular JOBS activity to which a client is assigned. Noncompliance penalties do not apply if the client fails to progress satisfactorily. However, the placement must be re-evaluated with the client for appropriateness and documented in the case record.

215 PARTICIPATION RATE

In addition to participation requirements described in section 210, federal regulations require that a certain percentage of families containing a work eligible individual participate for the required number of hours. For JOBS purposes, this means that a certain percentage of families containing a work eligible individual must participate as required in section 210 to meet the requirement. Failure to meet federal work participation requirements results in a significant financial penalty to the state TANF (FA and JOBS) Program.

A. Participation rates are based on the number of families (rather than individuals) that meet minimum work requirements as defined in this chapter. There are two separate work participation rates that must be met.

1. All Families Participation Rate

The all families participation rate includes all families containing a work eligible individual, regardless of whether that work eligible individual is included in the FA unit or referred to the JOBS Program. It also includes two-parent families. A minimum of 50% of all families with work eligible individuals must be participating for the required number of hours stated in section 210 to meet the required all families work participation rate.

2. Two-Parent Participation Rate

The two-parent participation rate includes the families that contain two natural or adoptive parents of a mutual child who are both work eligible individuals, unless one parent is disabled. A minimum of 90% of two-parent families must participate as stated in section 210 to meet this work participation rate.

3. Monthly Rate Calculation

The all families rate equals the number of families with a work eligible individual meeting work requirements (numerator) divided by the total number of families with a work eligible individual (denominator) minus the number of families sanctioned for no more than 3 months, and those with a child under age one. The two-parent rate is calculated the same way, except families with a child under age one are not excluded.

B. Only participation by work eligible individuals is considered to be countable. In a two-parent family, the hours of participation by the spouse of the grantee are attributable to the family for purposes of determining whether the family achieved the required level of participation. Therefore, it is very important to code the spouse with a referral status of “P” and record all employment and component activity on FACETS for each spouse in a two-parent family.

- C. Participation rates are based on average weekly hours of participation by mandatory family members. In order for participation to be countable for a month, the member's (and spouse's in a two-parent family) countable average hours of participation must equal or exceed the minimum number of hours required. This is why the state requires a higher number of hours of participation. **Hours below the 20, 30, 35 or 55 required are not countable.** See section 220 for the specific activities that are countable toward meeting the federal participation rate.

The CM should make every effort to assign the maximum number of hours possible, so that, the actual number of hours of participation equals or exceeds the minimum number required for the family. In some cases, this will require that the individual and/or his/her spouse participate in more than one component.

- D. Employment must be recorded on FACETS on ZD11 **immediately**, even if the JOBS case will close, in order for the employment to count towards the work participation rate. Employment may be entered on ZD11 either directly by the CM or brought over automatically when the PA worker enters it on ZC24 or ZC28 on the Certification Subsystem of FACETS.

220 COUNTABLE ACTIVITIES

There are certain activities in which clients may participate to meet the weekly hours of participation as stated in section 210. Of the total weekly hours of participation prescribed in section 210, a certain number must be performed in one or more of the following core and non-core activities as described below.

- A. Listed below are the activities in which the client must participate to be countable toward meeting the participation rate. Activities 1-8 are considered core activities, and activities 9-11 are considered non-core activities, **except** for teen parents for whom secondary education in number 11 may be the core activity.

A work eligible individual in a one-parent family must participate in one or more of the core activities in 1-8 for a weekly average of at least 20 hours. A work eligible individual and her/his spouse in a two-parent family must participate in one or more of the core activities in 1-8 for a weekly cumulative average of at least 30 hours or 50 hours if receiving federally funded childcare. The other 10 or 5 hours, respectively, may be in non-core activities listed in 9-11. **It is important to keep in mind that non-core hours are not counted unless the core hour requirement is met.**

1. Unsubsidized employment;
2. Subsidized private sector employment;
3. Subsidized public sector employment;
4. Work Experience (CEMP);
5. On-the-Job Training;
6. Job Search and Job Readiness (includes substance abuse and mental health treatment and rehabilitation, and is limited to up to 120 hours or 180 hours per rolling 12-month period);
7. Community Service Employment;
8. Vocational education training (not to exceed 12 months for any individual);
9. Jobs skills training directly related to employment;
10. Education directly related to employment (for a recipient who does not have a high school diploma or GED);
11. Satisfactory school attendance at the secondary school level or GED (for a recipient who does not have a high school diploma or GED)

- B. 30 percent of grantees under age 20 will be deemed to be meeting the federal participation requirements if they are satisfactorily attending secondary educational activities, including GED classes, even if they do not participate in an activity listed in A-1 through A-8 above, or are in vocational educational training. Educational and vocational educational training activities are discussed in section 525.
- C. There are stipulations as to the length of time and number of hours participation in job search/job readiness and vocational education may count toward meeting the federal rate. These stipulations are described in Chapter 5 according to the activity.

CHAPTER THREE
CASE MANAGEMENT

Section 300 OVERVIEW

- A. Case management is a problem solving strategy for helping people arrive at key decisions about their lives. It is a means of coordinating a variety of services for a client and refers to management of a system, not to management of an individual. The case management system is intended to help the client become self-sufficient and to reinforce the client's self-esteem, motivation, and personal responsibility.

- B. A JOBS CM will be assigned to each FA family with an adult or 16-18 year-old teen parent whose needs are included in the AU.
 - 1. The case manager's general responsibility is to assist the family in becoming financially self-supporting primarily through employment. This will be accomplished through the assignment of clients to work-related activities and the direct provision of JOBS supportive services, including development of resources, and/or referral to other service providers. CM assistance begins with an assessment of the family situation, employment potentials for each adult family member, as well as the need for any services related to employment or employment activities. Once the assessment has been completed and needs have been identified, the CM will then provide the client with specific information needed to access the services or resources. In the absence of an identified necessary resource, the CM will make every effort to develop or ensure development of the resource according to Chapters 4 and 9.
 - 2. The CM should coordinate the provision of services through a system that is client centered and goal oriented.
 - 3. Where appropriate, the CM should communicate a consistent message that the client can, and is expected to, overcome dependency and become self-supporting as quickly as possible. This message begins at the FA application interview. During the interview, the PA worker will discuss JOBS Program services as stated in section 305-A below and will open a JOBS case for all members of the assistance unit who will be subject to JOBS participation requirements if the FA application is awarded.

305 GENERAL CASE MANAGEMENT PROCESS

A. Processing Referrals and Opening of the JOBS Case Record on FACETS

The process for referring clients to the JOBS Program and the opening of the JOBS case on FACETS is described below. See Section 2, part I of Appendix B for additional information.

1. Each FA grantee will be provided with information regarding the JOBS Program by the PA worker during the FA application process, including an explanation of the following:
 - a. The purpose of the JOBS Program and how it is administered by the Department;
 - b. The obligations of the client regarding participation, including the obligation of the grantee to ensure that each family member meets the work requirements as determined appropriate by the JOBS CM;
 - c. The fact that supportive services are available to facilitate participation from the point of the FA application;
 - d. The obligations of the Department; and
 - e. The penalty process for clients required to participate, but who fail or refuse without good cause to participate satisfactorily.
2. The PA worker will determine which members of the assistance unit are to be referred to the JOBS Program and will refer such members either by opening the JOBS case on FACETS or through other notification to the JOBS CM as stated below.
 - a. In most instances, PA will make the referral by opening a JOBS case on FACETS during the FA application interview or when a member who is subject to JOBS participation requirements is added to an open FA unit. In these instances, the JOBS case will be open / referred before the FA is approved and before the client is actually subject to meeting JOBS participation requirements. This referral process is described below.
 - (1) The PA worker will open the JOBS case by completing the appropriate fields on Certification screen ZC18 and WATS screen ZD09. Once ZD09 is appropriately updated and the JOBS case is opened, a W545 alert will be automatically created on the appropriate JOBS CM's Alert List. This alert serves as the referral.

- (2) In addition to creating a W545 alert, the updating of ZD09 will also update ZD21, WATS Disposition. Code “OP” (open) will be automatically displayed in the Case Status field with a date in the Date field that is equal to the Referral Status Date on ZC18. Code “RF” will be displayed in the Participation Status field with a Date that is also equal to the Referral Status Date on ZC18.
- (3) The W545 alert and the “RF” participation status mean the client is a member of an applicant FA assistance unit. Clients who are in FA applicant status are not subject to JOBS participation requirements, but may receive (SEA) services as stated in section 650-C.
- (4) When the PA worker updates ZC58, Certification Disposition, to award the FA, the W545 alert will be automatically cleared, the “RF” status on ZD21 will be changed to “RO”, and a new alert, WOPN, will be set on the appropriate JOBS CM’s Alert List. The “RO” Participation Status and WOPN alert mean the client is now subject to meeting JOBS participation requirements and an assessment must be completed.

The Response Due Date of the new alert will be the date by which the initial JOBS assessment must be completed to be considered timely, and is set based on whether the family is coded as a 2-parent (10 days) or single-parent (30 days) family. The WOPN alert can only be cleared by updating the “RO” Participation Status code to a different code or by closing the JOBS case. The “RO” code must not be cleared until the assessment has been completed. See section 315-A7 to determine when an assessment should be considered complete.

Note: If the PA worker completes ZC18 and ZD09 to open the JOBS case and ZC58 to award the FA case on the same day, the CM may not notice the “RF” Participation Status code or the W545 alert. Instead, the “RO” Participation Status code and WOPN alert may be the first Participation Status code and alert to come to the CM’s attention. However, both the “RF” and “RO” codes will be displayed on ZD58, WATS Participation History, for documentation purposes.

- (5) If the JOBS case is already open at the time the PA worker accesses and completes ZC18, ZD09 will not be accessed and a W545 alert will not be set. Instead, a W700 alert will be created on the appropriate CM’s Alert List to notify the CM that the client’s Referral Status code has changed. The new Referral Status code will be displayed on ZD21 and other pertinent WATS screens. However, no automated updates to the Referral Status Date will be made on ZD21 or other screens on the WATS Subsystem of FACETS.

This situation may occur when a former FA recipient reapplies for FA before the JOBS case closes, i.e., the JOBS case was left open because Short-term Employment Aid (SEA) was being provided to the client. Upon receipt of a W700 alert, the CM should anticipate the receipt of a WOPO or WDNI alert to indicate that the FA has been awarded or denied, respectively.

When the PA worker updates ZC58 to award the FA unit, a WOPO alert will be created on the appropriate CM's Alert list, but only if the client's JOBS Participation Status code is **not** "RF". If the Participation Status is "RF", a WOPN alert will be created as stated above. Upon receipt of a WOPO alert, the CM must contact the PA worker to get more information about the client's circumstances and ensure that actions taken on the case are consistent with the client's new participation status.

- (6) The procedures described above regarding the completion of ZC18 and ZD09 also apply when the PA worker adds a member subject to JOBS participation requirements to an open FA assistance unit, assuming the member's ZC18 screen is accessed with a Type Action code of "A" or "R". However, in this instance, when the PA worker updates ZC58 to add the member to the FA unit, a WCHN alert will be entered on the appropriate CM's Alert List, instead of the WOPN or WOPO alert. Also, it is important to note that the W545 alert and "RF" Participation Status code on ZD21 will **not** be automatically updated.

The JOBS CM must determine the date by which the assessment must be completed according to section 315-A3, and manually set a worker alert from the W900 alert series with the appropriate Response Due Date. The CM must make this determination and manually clear the WCHN alert within the 10-day Response Due Date period. The CM must also manually change the "RF" participation status code to the appropriate code once the assessment has been completed. See section 315-A7 to determine when an assessment should be considered complete.

- (7) The PA worker cannot open the JOBS case to create a W545 alert if the member's ZC18 screen is accessed with a "C" Type Action code. This usually occurs when a current member of the assistance unit becomes subject to JOBS participation requirements, but may also occur when the member's FA unit is reopened. In these instances, if the JOBS case is closed or nonexistent, a referral to JOBS will be automatically printed at the PA worker's printer. The PA worker will send the referral to the appropriate JOBS CM. The JOBS CM must then open the JOBS case as stated in "b" below. If the JOBS case is already open, a W700 alert will be set as stated in "5)" above.
- b. There are some instances when the PA worker cannot open the JOBS case due to FACETS programming. In these instances, the PA worker will notify the CM. The JOBS CM will open the JOBS case upon receipt of such notification from the PA worker. However, a JOBS case should be opened only if the client is in FA recipient status and is subject to JOBS participation requirements according to section 200. Refer to Appendix B, Section 2, part I for instructions on how to open the JOBS case.

There may be instances when a FA recipient who is subject to JOBS participation requirements does not have an open JOBS case on FACETS due to administrative reasons, such as system or worker failures. Therefore, in addition to the referral printed as stated in “7)” above, a report, PSWJR091, SSN Open for FA, But Not Open on WATS, will be printed monthly to notify the CM of any clients who are open for FA but not open for JOBS. Upon receipt of this report, the CM must discuss the circumstances with the PA worker and open the JOBS case or take other action as appropriate for the circumstances.

Once the JOBS case is opened on ZD09, ZD21 will be automatically updated with an “RF” Participation Status code as stated in “a2)” above. However, since the client is already in FA recipient status, the “RF” Participation Status code will not be automatically updated, because no certification disposition will be made on ZC58 to trigger the automated update. Therefore, the CM must take action as stated in the 2nd paragraph of “a6)” above, with the exception of clearing the WCHN alert.

- c. If the FA is denied after the JOBS case is opened, a WDNI alert will be created on the appropriate CM’s Alert list when the PA worker completes ZC58. The CM must take action to close the JOBS record on FACETS according to section 360-A.

B. Case Management Activities

The CM must review each case in order to make a determination as to which members must be assessed according to section 200 and how the assessment interview will be conducted, i.e. face-to-face interview or otherwise. The CM must take action consistent with the case circumstances as stated below. Generally, case management activities include the following:

1. Scheduling appointments and conducting interviews in a timely manner:

- a. Schedule all appointments made by mail (whether sent through FACETS or manually) at least five days from the date sent (to allow for mailing) and not more than fifteen days from the date sent, unless good cause exists.
- b. Schedule appointments made directly with the client (in person or over the phone) within 10 days of the contact with the client, unless good cause exists. When time allows, confirm the appointment in writing.
- c. Schedule reassessment appointments for clients who are in a deferred/delayed participation status during the last month of the deferred/delayed participation period according to “a” or “b” above.
- d. Schedule all appointments on FACETS through ZE72 or ZE89, unless the text is not appropriate for the type of appointment. Appointments scheduled through these screens will be displayed on ZE54, which will serve as documentation. If the notice is sent manually, keep a copy in the case record. If made over the phone, write the date the contact was made with the client and the date of the appointment in narrative form. The COMMENTS screens on FACETS may be used for this purpose.

NOTE: Due to certain federal civil rights specifications and restraints, locally developed appointment notices for general use are prohibited, unless pre-approved in writing by the JOBS Policy/Automation Help Desk.

2. **Gathering and assessing information** that identifies the client's interest, skills, employment potential, education/literacy level, work experience, supportive services needs, and health problems or other barriers to participation including alcohol/drug addiction and domestic violence. Allow the client at least 10 days to provide requested information.
3. **Assisting the client in setting goals to achieve self-sufficiency** through the development of an FRP according to section 335.
4. **Developing, arranging, and coordinating community resources** in order to facilitate client participation and access to needed services.
5. **Verifying and documenting case actions and client participation (attendance and progress) and reasons for nonparticipation** as appropriate, and according to the guidelines stated in section 350-C and Chapter 5.
6. **Monitoring, evaluating, and following-up on client participation.**
 - a. The CM must routinely monitor and follow up on client participation to assure adequate steps are being taken to achieve the goal(s) outlined in the client's IJP.
 - b. Any time the CM receives information, from any source, that suggests there has been a change in a client's circumstances which affects the client's participation status (including deferred or delayed), the CM must take immediate steps to contact the client, except when domestic violence is involved. If the client is involved in a domestic violence situation, see section 425. Contact the SAIL specialist or other professional domestic violence assessor before contacting the client. Upon contact with the client, discuss the change with the client, reassess the situation, and take the appropriate action.
7. **Collaborating and Coordinating with the PA worker**
 - a. The CM and the PA worker must work together to ensure that FA applicants and recipients are afforded every opportunity to become financially self-sufficient. The CM must review ZC52, Program Participation Inquiry, on the Certification Subsystem of FACETS each time services are requested to determine if the client is a FA applicant or recipient. Refer to Appendix B, Section 5, part II for information on how to access ZC52.
 - b. The CM must share with the PA worker information regarding the client's circumstances if the client is an applicant or recipient of any programs administered by the PA unit. The information may be shared either through alerts on FACETS or manually. For example, information regarding employment should be shared on

FACETS by entering a “Y” in the Send Alert field on ZD11, while changes in identifying information of a PA client must be shared manually because the CM is not allowed to make such entries on a pending or active PA case.

- c. The CM must reassess the client’s circumstances in the 59th month of receipt of FA according to section 330 and contact the PA worker if it appears that the client may meet a FA hardship criterion. The contact should be made within three workdays, but no later than the 10th of the 60th month of receipt of FA. Furthermore, if the client is a FA recipient after 60 months, the CM must contact the PA worker whenever s/he determines that the client may no longer meet a FA hardship criterion.

310 CONDUCTING AN INTERVIEW

A. The purpose of a JOBS interview is to explain or clarify the requirements and advantages of participating in JOBS activities, offer assistance with supportive services, and to gather information necessary for effective case management activities. The information gathered will be used to:

- Identify and make the client aware of her/his strengths and source(s) of motivation;
 - Identify family needs and the barriers preventing the family from meeting those needs;
 - Evaluate family members' employment potentials and needs for training and/or educational and other skills; and
 - Assist clients in identifying and using available resources.
1. The interview must be conducted as an official and confidential discussion of the entire family situation. The individual being interviewed should be treated courteously and made to feel at ease; the right to privacy must be respected.
 2. The scope of the interview should include an extensive examination of the circumstances directly related to self-sufficiency. This includes gathering enough information about the family's situation to assist the client in identifying problems and making sound plans for resolving them, and to make appropriate resource referrals.
 3. The interview plays a vital role in client and agency communication and relationship. The initial interview should be used to clearly communicate the primary goal of self-sufficiency and temporary assistance, and to define roles and expectations.
 4. Each interview is usually where the client's perception of the agency is formed or confirmed. Therefore, a skillful interview can also be a way for the client to learn that the agency cares about people and wants to deal with them positively and equitably.
 5. Skillful interviews serve as means of obtaining accurate, reliable information that the individual has or can make available. Obtaining accurate information is necessary to assist the family in forming a workable self-sufficiency plan.
 6. It is the responsibility of the CM to conduct the interview in a manner that allows a trusting collaborative relationship to be formed between the client and the CM through which problems are identified and realistic goals and objectives are discussed and set. To do this, the CM must identify positive traits and skills the client possesses and concentrate on helping the client expand on these. The CM may be the only source of support the client has.

- B. Prepare for the Interview.** If the client has received assistance and was referred for JOBS participation in the past, review the information regarding past participation for each member of the family.

Note prior work, education, change reporting, and noncompliance histories. This will help in knowing what work and training skills the client(s) has or needs. Do not use this information to form preconceptions about the client's current circumstances or about what the client will think, say, or do at the interview. Preconceptions can distort the reality of what actually happens in the interview. The CM must be prepared to deal effectively with the preconceptions of the client also.

If the client has not had any contact with the agency, s/he may have reservations about asking for and/or accepting assistance from the CM. It may be necessary to spend more time to ensure that the client understands the services available to her/him, and to get a full picture of the family situation.

- C.** The following are **IMPORTANT CONCEPTS** to remember and adhere to when preparing for and conducting the JOBS interview:

1. **Be aware of your attitude and feelings before each interview**, as your attitude will set the tone and influence the way you deal with the client. Attitudes are formed by personal belief and values learned from childhood. Attitudes greatly influence the way we look at people and their situations even though they may be totally unrelated to the client or her/his circumstances. A nonjudgmental attitude is important in helping clients make decisions that lead to self-sufficiency. Any necessary judgments by the CM must be based on individual circumstances and facts, rather than personal attitudes and/or values.
2. **Where possible, arrange to have a degree of privacy and a comfortable relaxed atmosphere in which to conduct the interview.** The conversation is confidential, so where circumstances allow, close the door to the interviewing area. Interruptions, especially telephone calls, should be kept to a minimum. When it is necessary to take a call, be professional and courteous to both the caller and the client being interviewed. Ask the client being interviewed to excuse you to take the call. Try to arrange to return business calls at a more convenient time. Remember, all business contacts should be given your total, undivided attention.
3. **The appearance of the interviewing area is important.** Food, drinks, and cigarettes should be put away while interviewing. It is not appropriate to chew gum during an interview. Posters and other signs that give a negative message (even in jest) about work in general or the CM's work attitude should not be displayed.
4. **Always remember that a desk between two people is often a barrier to communication.** Where possible, arrange the interviewing area so that the desk is not directly between you and the client.

5. **Be sincere and warm as you greet and interview the client.** Your relationship with the client begins the first moment the client sees you. It is important to look into the eyes of the client and smile. You may shake hands with the client, but only if you are comfortable doing so. Shaking hands often communicates to the client that you accept her/him as a human being and establishes the professionalism that will prevail in the relationship.
6. **If the client is or becomes upset, allow her/him time to calm down before proceeding with the interview.** Recognize that when an individual is upset, it is difficult to communicate with anyone.
7. **Address clients using appropriate titles and surnames.** This is required by agency civil rights policy.
8. **Always be courteous; never be impatient, condescending or disapproving of a client's situation.** Courtesy is required because we are public servants, and most importantly because human beings deserve respect.
9. **Take the time to ask and receive answers to pertinent questions, and address client concerns.** A skilled interviewer can give the client the appearance of having all the time in the world while conducting a time efficient interview.
10. **Avoid the use of acronyms such as FA, FACETS, etc.** Do not assume that the client will know what these acronyms mean.
11. **Explain the assessment process and the use of the computer to enter information regarding participation.** Where possible, arrange for the client to be seated so that s/he can see the computer screen as these explanations are given.

A. General Requirements

The CM will review each FA case referred to JOBS to determine whether and to what extent each member of the *assistance unit* (AU) is required to participate in JOBS activities. The case circumstances and the JOBS participation requirements for each AU member must be discussed with the FA grantee relative and a Family Responsibility Plan (FRP) completed at the time of the grantee's initial assessment or as otherwise described in section 335. An individual assessment will be completed for each member subject to JOBS participation requirements. The guidelines for conducting initial and on-going assessments for AU members are described below.

1. An individual assessment will be completed for each member referred and subject to participation in JOBS activities using guidelines described in Chapter 2 and interviewing skills discussed in section 310. The purpose of the assessment is to determine each client's individual ability to meet program requirements and to identify and access the services and/or accommodations necessary to assist the client in doing so. See "3" below for criteria of when an assessment of the appropriate JOBS activity is deemed to have been completed for certain teen members.

Clients who disclose an inability to participate in JOBS activities because of a personal disability will be *referred* to a *Vocational Rehabilitation Services (VRS) counselor from the Alabama Department of Rehabilitation Services (ADRS)*. *The exceptions to a referral to VRS are when a client has limitations that are not permanent in nature (expected to last 90 days or less) or when the limitations severely prohibit daily activities.* See section 315-E below for information on the assessment process for these clients. The CM must always be mindful that clients with disabilities or other special circumstances such as limited English proficiency (LEP) must be afforded **equal opportunities** to participate in and benefit from training and other work activities afforded to clients without disabilities or special circumstances. The CM must not assume that a client who discloses and/or has been determined to have a disability does not wish to and/or cannot participate in or benefit from training and other job opportunities offered through the JOBS Program. Every effort must be made to encourage and enable the client's participation in JOBS activities, including provisions to help the client in overcoming or working around any disclosed disability or other barriers. The CM must explain the services and accommodations available through the JOBS Program and other resources and ensure these services and accommodations are provided as needed. Specific information about LEP and/or disclosure of a disability and the accommodations that were offered or provided must be entered on ZD28, ZD74 and ZD75, as appropriate.

The individual assessment by the CM will consist of the following:

- a. **An interview must be conducted by the CM with the FA grantee and other adult family members subject to JOBS participation requirements, unless otherwise specified.** The interview may be conducted face-to-face or over the telephone.

- If the FA grantee is not subject to JOBS requirements, i.e., needs are not included in the FA, an interview may not be **required**, but must be **requested**. If the grantee refuses or otherwise fails to be interviewed, document the refusal/failure in the case record. Documentation of the refusal/failure must include all attempts to set up an interview, services and accommodations offered to facilitate the interview process, the dates and method of contact with the grantee, and the grantee's responses.
 - The CM must review all information available regarding the client's past and current circumstances prior to scheduling the assessment interview, including any existing case record and history information on FACETS. See Appendix B, Section 5, parts II and XIV for relevant Certification Subsystem screens.
 - If the information in the case record or on FACETS indicates the client needs accommodations or other services to complete the assessment process or access other JOBS Program services, the CM must make all possible attempts to contact the client to make arrangements for accommodations or services. The attempts to contact the client, including the results, and offer and/or provision or refusal of accommodations must be documented in the case record and on the appropriate FACETS screens, i.e., ZD28, ZD74, and/or ZD75.
- b. The FA grantee and each family member subject to JOBS participation requirements must be questioned about participation barriers, disabilities, and other special circumstances. During the assessment, the CM and the client will discuss the points described in "B" below, and any other points that affect the client's ability to participate as required and/or otherwise become financially self-sufficient. The CM must explain the reason for questions asked, i.e., to learn more information to better address and serve the client's needs. The client's responses must be documented in the record.
 - c. The CM must explain to the client that (1) s/he may tell the CM of any disability or special circumstances s/he has; (2) disclosure of such information is voluntary; and (3) if the client states their disability is to the extent that they cannot participate in a JOBS activity for enough hours to meet participation requirements, *further assessing* is required to determine the effect the disability may have on the client's participation *and to determine if a referral to a Vocational Rehabilitation counselor is required. Please see section 315-E for more information on the referral process.*
 - d. Based on the information obtained from the client, VRS counselor, SAIL specialist and/or other sources, the CM will make a determination of whether the client will be required to participate in an activity for enough hours to meet participation requirements, required to participate with limitations of hours or activity, or if participation will be deferred or delayed.
 - e. The CM and the FA grantee or the family member who is a required JOBS participant will develop a Family Responsibility Plan (FRP) and/or Individual JOBS Participation Plan (IJP) as described in section 335.

2. Assessment information must be entered on FACETS according to Section 2 of Appendix B.
3. Time frames for initial individual assessments are based on whether the family consists of one or two parents and whether the member is a parent under age 19 or is claiming a disability. See section 315-E for the time frame for completion of the assessment of clients with disabilities. Assessments for all other clients must be completed within the time frames below. However, the client may request and be granted additional time as necessary to comply with her/his obligations and requirements in the completion of the assessment. If additional time is granted, leave the assessment alert pending until the assessment is completed, and document the reason the assessment was not completed within the appropriate time frame.
 - a. **One-Parent Family:** Assess the grantee and each member, including teen parents, for whom an assessment is required, within 30 days of the approval of the FA. (In most cases this will be the RO alert date.)
 - b. **Two-Parent Family:** Assess the grantee and/or spouse within 10 days of the approval of the FA. Assess other family members, including minor parents, within 30 days of the approval of the FA.
 - c. **Minor Parent (under age 18 and unmarried) Grantees and Parents included as children (T or A):** The opening of a JOBS record or referral of such members by the PA worker is deemed to be the initial assessment. Since the PA worker must verify that these parents are meeting the FA school attendance requirement to receive FA, the PA worker has completed an assessment of the appropriate JOBS activity when FA is awarded and includes the needs of these parents. The school attendance is deemed to be the required JOBS activity to which the client is assigned. Refer to ZC18 on the Certification Subsystem for documentation of school enrollment.

Complete FACETS/WATS screens as appropriate to document placement in educational activities and completion of the initial assessment as instructed in Section 2 of Appendix B.

- Although the initial assessment will be considered as complete, **an attempt must be made by the CM** to discuss available services, the CM's role in the verification process for determining satisfactory participation/progress according to section 210-C, and to **complete an IJP**. The follow up contact must be made as soon as possible. However, the parent may not be considered non-compliant if this contact is not made. Document the attempt(s) and provide supportive services as appropriate.
- If the parent has a high school diploma or GED, assess within the time frame in "a" or "b" above, as appropriate, and assign to other activities.
- Reassessments must be completed the same as for any other participant and according to the time frames in section 315-C2.

NOTE: See section 205 for information regarding the assessment procedures for parents who are included in the FA unit as a child.

4. All assessments should be scheduled at a time that will not interfere with school, employment or other JOBS activity, for example, after school or after work hours. The CM must be particularly sensitive to clients who are employed and should not require a client to miss work for routine appointments and assessments.
5. A face-to-face assessment is not necessarily appropriate or required for each client. The CM may conduct certain assessments by phone or by mail, as deemed appropriate. See section 325-A for instances of when a client may be deferred without a face-to-face initial interview. If a face-to-face assessment is not required, the reason should be documented in the case record.
6. If a client claims during the assessment or at any other time to be unable to participate due to a personal disability, *refer to section 315-E for information on actions to be taken.* If a client claims to be unable to participate as a result of being needed in the home to care for an incapacitated member of the AU, the CM should first consult the PA worker to determine if PA has verified or is in the process of verifying the circumstances, and
 - a. If PA is in the process of verifying or has verified the circumstances, accept the verification from the PA worker and take actions as appropriate; or
 - b. If not, the CM and the PA worker should decide who will request the verification. If the CM will verify the circumstances, allow the client 10 calendar days to provide the appropriate medical documentation before making a determination regarding participation. If the verification is not provided within the time frame and the client does not request additional time to secure it, the client must be required to participate. Share any verification received with the PA worker. (See section 325-A1a for what constitutes acceptable documentation and verification.)

NOTE: In no instance should the client be required to verify information which has been or is in the process of being verified by the PA worker.

7. An assessment is considered to be complete when one of the following actions occurs:
 - a. The CM, client, and/or SAIL specialist determine the client's participation will be deferred or delayed and the deferral/delayed information is entered on FACETS and incorporated into the IJP; or
 - b. The client agrees to a specific course of action in an approved self-sufficiency plan (IJP *or* SOS) and is assigned to a specific component activity on FACETS or other activities that are documented in the case record; or
 - c. The client is determined to be in noncompliance and referred for penalty.

B. Points to Discuss and Consider During an Assessment

The DHR-FAD-2152, Notice Concerning Your Responsibilities and Rights in the JOBS Program, should be reviewed with, and a copy given to, all newly referred JOBS clients at the initial JOBS assessment and at each reassessment thereafter. Document in narrative form in the case record that the information on the notice was explained and a copy was given to the client with the date this was done.

Inform the FA grantee of the availability of supportive services to assist teens in the FA unit, age 16 through 18, in staying in school or finding employment. See section 205 for procedures for providing services to these teens.

The CM should review the JOBS Pamphlet, DHR Publication Series #06-3, and the Family Responsibility Agreement with the FA grantee during the initial assessment and at other times as determined appropriate. See section 335-A1a for more information on the FRA. Discuss with the FA grantee the advantages of her/his and other family members' successful participation in JOBS activities, and the penalties for failing to participate as required, including the potential loss of FA and Food Stamps.

The points listed below, although not all inclusive, must be discussed with the FA grantee and other family members who are subject to JOBS participation requirements, documented in the case record and on FACETS, and considered in completing an initial assessment and as appropriate when completing a reassessment. Use FACETS screens, in the assessment/reassessment flow, as a guide/prompter for the points to be discussed. Refer to Section 2 of Appendix B for instructions on accessing and completing screens in the assessment/reassessment flow.

1. **Language:** The client's primary language; whether the client has a problem speaking, reading, writing, or understanding English; the need for professional interpreter or other language-related services. Document language issues in narrative form in the case record and on ZD28 according to instructions in Section 2 of Appendix B.
2. **Work History:** Types of jobs held by the client; length of employment; reasons for leaving each job; favorite job(s); specific skills required for jobs; work accommodations used or provided by employers or others; possible references; characteristics of job the client would want now.
3. **Education Background:** Highest grade completed by the client; if a high school drop-out, why the client did not complete school; any special or vocational education the client may have completed that would enhance the client's employability; limited English proficiency (LEP).
4. **Previous Job Search Efforts:** Types of jobs the client has applied for; results of interviews; current status of job search efforts; the client's attitude toward job search activities, if applicable; and the reason the client has not sought employment prior to now, if applicable.

5. **Personal/Family:** Family planning; convictions; family health problems; number of dependents and ages; child abuse, child care needs; living accommodations; transportation needs; family support of job seeking efforts.
6. **Abilities and Disabilities:** Refer to section 315-E below. Physical or mental health problems/disabilities, i.e., hearing, seeing, speaking, walking, sitting, etc.; substance abuse; physical limitations on daily activities; immigration issues; learning disability of which the client is aware. Enter disabilities, special circumstances/conditions, and accommodations on ZD74 and ZD75.
7. **Domestic Violence:** To be discussed with the client only when the interview is conducted in a one-on-one environment. Provide an explanation of the Special Assessment, Intervention, and Liaison (SAIL) project. The discussion should be conducted and other action taken as described in section 425-D2 as appropriate. Make sure the client understands s/he does not have to participate in SAIL to receive services.
8. **The Client's Self-sufficiency Plan (Individual JOBS Participation Plan – IJP):** How the client plans to financially support herself/himself, short and long-term goals, how s/he plans to reach goals, time frames for reaching goals, necessary resources and how the client plans to access and use them, etc. It is important that the client be questioned about and allowed to express her/his plans for the present and the future. It is even more important that the CM allows the client enough input in the development of the finalized version of the plan so that the client still sees it as her/his plan and accepts both ownership of the plan and the responsibility for making it work.
9. **Participation Requirements:** The FA grantee must be informed of participation requirements for all members of the AU, supportive services available for each member, accommodations available for family members with disabilities, penalties against the FA benefits for noncompliance without good cause, and the right to terminate FA assistance should the client choose not to participate as required. Other family members subject to JOBS participation should be individually informed of:
 - a. Her/his JOBS participation requirements, as well as the penalty for failure to meet those requirements;
 - b. The available supportive and transitional services, including accommodations available to assist the member in participating in JOBS activities; and
 - c. Based on the information gathered, the nature and extent to which s/he will be required to participate.
10. **Time Limits:** Discuss with the FA grantee the number of months the family may receive FA. The CM must bear in mind that the five-year time clock is ticking for the FA grantee and her/his spouse. It is not in the grantee's (or spouse's) long-term best interest to defer participation. To the extent possible, every effort should be made to maximize the grantee's (and spouse's) participation as quickly as possible.

11. **System Documentation:** As information is obtained during the assessment interview, it must be entered on FACETS following the guidelines in Appendix B.

12. **Referrals:** The CM should refer the client to other resources or agencies as appropriate.

C. Processing Changes and Reassessments

After an initial assessment has been completed, there may be changes in the client's circumstances that must be addressed and processed. These changes are to be handled as necessary, but may not require a reassessment of the client's placement in JOBS activities. The procedures for processing changes and reassessments are provided below.

1. A change is to be processed when one or more of the following actions occur:
 - a. The client moves to a different address within the county, but participation is unchanged;
 - b. The hours of employment or participation in a particular component or other activity increase or decrease, but do not otherwise affect participation;
 - c. The need for supportive services for a particular activity changes, but not the activity;
or
 - d. Any other change that does not affect the overall individual JOBS participation plan.
2. Reassessments, other than the Special Intensive evaluation and the 55th and 59th month assessments, need not be as intensive as an initial assessment. They may require only phone contact with the client in order to document the client's current situation on FACETS as appropriate.
 - a. A reassessment is required at six-month intervals or when the client's situation changes as stated below, whichever is earlier.
 - During the last month of each deferral period;
 - Within 30 days after the date all steps stated in the individual JOBS participation plan are completed or are no longer appropriate, assuming the client is not involved in any other self-sufficiency activity, including employment;
 - When the client gains or loses employment;
 - When a client discloses a personal disability and claims that the disability prevents her/him from obtaining or retaining employment or participating in work activities for enough hours to meet participation requirements;

- When an event occurs (such as a move to a different address) that causes the client’s overall Individual JOBS Participation Plan (IJP) to change, such as, but not restricted to, when the client is assigned to a new component not included in the current IJP, or when the client’s participation status changes from placed to deferred or vice versa; or
 - According to section 330.
- b. The IJP must be reevaluated and updated or a new plan developed at each reassessment. The update may be a pen and ink change to the current plan initialed and dated by the client and CM or a re-written plan signed and dated by the client and CM, whichever is preferred by the client. See section 335-B.
 - c. The need for supportive services and accommodations for an identified disability or special circumstances must be reevaluated, discussed with the client, and documented in the case record and on FACETS. In *some* instances, this discussion will be done in conjunction with the VRS counselor. Provide services and accommodations as needed. Authorize or close supportive services as appropriate on ZD25.
 - d. *The FACETS system* provides automated reassessment alerts when certain codes, such as PL, DF, etc., are entered in the Participation Status field on ZD21. The Alert and Response Due Dates are automatically set based on entries in the Participation Status Date, the Next Action Due, and/or the Reset Alert fields. See Appendix B, Section 1, page 22 for more information on which, when and how these alerts are generated. In situations where there is not an automated reassessment alert, such as when a client loses employment, entry of “PR” in the Participation Status field will automatically generate a W595 alert with a Response Due Date of 30 days from the date entered in the Date field. The assessment must be completed by that date. The W595 alert will be automatically cleared when the “PR” code is changed to another Participation Status code.
 - e. Once the reassessment is completed by the CM, update ZD21 as appropriate. The CURR ASSM DATE (current assessment date) field on ZD21 must be updated to show the date of the reassessment. Refer to section 315-A7 to determine the date the reassessment is considered completed. If the date in the Current Assessment Date field is more than six months in the past, the reassessment is past due. Document the reason why the reassessment was not completed timely, and complete it as soon as possible.

D. Special Intensive Evaluation

An intensive evaluation must be conducted for unemployed or underemployed (employed less than 30 hours per week or earning wages less per week than 30 times the minimum wage) adult clients who have received FA for 20 months (W400 alert) or whose participation has been deferred for twelve consecutive months (W401 alert) for reasons other than a disability. For adults whose participation has been deferred for twelve consecutive months, the number of months of FA receipt has no bearing on when the evaluation must be conducted. Therefore, such an evaluation may be required after the first twelve months of receipt of FA, if the client's participation was deferred for all twelve of those months for reasons other than a disability. The evaluation should also be conducted at other intervals as warranted by the client's particular circumstances, including initial assessments.

1. The purpose of the evaluation is to ensure exploration of all possible avenues to self-sufficiency as soon as possible. The purpose of the evaluation after an initial assessment is to ascertain why the steps outlined in the Family Responsibility Plan (FRP) did not work, what barriers remain to prevent full employment, what new strategies should be implemented, and what other agencies or resources could be used. The evaluation should be done in collaboration with the client, other DHR staff, and community organizations or individuals that are or may be in the future providing assistance to the client or family. DHR staff includes family assistance, child support, food stamp and family and children services staff. The evaluation process will involve three major steps: a review of current and past employment and JOBS participation, identification of remaining problems/barriers, and the development of strategies for removal of the problems/barriers.

A 20-month evaluation will not be required if at the time the evaluation would otherwise be due, the client has been evaluated within the past 6 months **and** is deferred from JOBS participation. An evaluation is not required after receipt of FA for 20 months or in deferred status for 12 months if:

- a. The client is included in a FA unit as a child;
 - b. The CM has determined and documented that based on previous contacts with the client and a review of the client's employment and/or JOBS participation history the client has the necessary job-seeking and job-retention skills **and** is currently assigned to job search activities; or
 - c. The family service worker, court or other social service professional has determined that the client is needed in the home to assure the protection of a child.
2. The evaluation process will begin with the CM's review of the client's circumstances. Refer to information in the FA/JOBS record and information on FACETS screens. After reviewing the information, the CM will then determine the next action to take based on the client's individual circumstances. To complete the evaluation, the following actions must be taken:

- a. Contact the client and review circumstances with her/him. When possible and reasonable, contact is to be made in a face-to-face interview with the client. The client should be asked to evaluate her/his circumstances and give her/his opinion on any progress made toward employment, why s/he is not currently employed, the actions s/he has taken to become employable or expedite employment, and the services needed to become employed. The client's responses should be documented in the JOBS case record.
- b. Contact current and potential service providers and/or DHR staff to gather information from their evaluation of the client's current circumstances, strengths, problems/barriers, and/or recommendations for problems/barriers resolution. Contact may be made individually (over the telephone, in-person, through the mail) or in a group setting with the client, service providers and other DHR staff.

NOTE: The decisions whether, when, how, and to what extent to involve individuals other than the client in any part of the evaluation will be made by the JOBS CM and the client. The decisions will be made based on the client's previous/current circumstances and the difficulty/number of employment problems to be addressed. In making the decision, the case manager and the client should consider the role these individuals have played in assisting the client in the past as well as whether or not the other individuals have information, ideas and/or strategies for addressing the client's problems in the future. The basis for the decision to include/exclude other individuals must be documented in the case record.

- c. Develop and document strategies (solutions) for positively addressing or resolving existing problems/barriers. Document the evaluation results and/or strategies on the Work Action Plan form (DHR-FAD-2072). All individuals who will be involved in carrying out the plan must sign the plan and be provided a copy of the completed document.

E. Assessment of Clients with Disabilities

As stated in "A" above, an assessment of each client's abilities must be made in order to place clients in the appropriate job or work activity. If a client discloses a personal disability and claims that s/he is unable to work or participate in any JOBS activity for enough hours to meet participation requirements because of the disability, the assessment of the client's abilities will be made by the *Alabama* Department of Rehabilitative Services' (ADRS) *Vocational Rehabilitation Services (VRS)* counselor as stated in this section. A major component of the assessment process for these clients will be a determination of the client's ability to obtain and retain employment and/or participate in a work activity, as well as accommodations and other services the client may need to become financially self-sufficient.

Title II of ADA and Section 504 will be used to define disability with respect to a JOBS participant to mean: a physical or mental impairment that substantially limits one or more of the major life activities of the participant or a record of or being regarded as having such an impairment. The definition includes, but is not limited to a hearing/visual/mental/physical impairment, alcohol addiction, substance abuse, learning disability, HIV positive, AIDS, and depression.

Clients with a disability who decide that they want to participate in JOBS for enough hours to meet participation requirements as opposed to *participation with VRS* must be allowed to do so. Failure of the client to keep the appointment or participate as required in either activity without good cause at any point during the assessment process is subject to noncompliance penalties.

County JOBS staff and State DHR will have final authority as to the client's participation in JOBS activities as well as the client's eligibility for JOBS supportive services.

1. *Initial Process*

The first step to take in establishing the referral process in the county is for the JOBS staff to communicate with the Vocational Rehabilitation Services counselor to arrange for the location, days, and hours of the appointments. JOBS staff and the counselor will decide on the transmission of referrals and the means of communication. If the VRS counselor conducts interviews at the county DHR office, the interviews will be scheduled on days the counselor is present in the DHR office. In cases where the VRS counselor does not conduct interviews at the local DHR office, the county staff and the counselor will determine the best way for the case manager to schedule the initial appointment and determine how the process will work.

2. Referral Criteria

Clients claiming personal disabilities will be referred to the VRS counselor at the point the disclosure of the disability and the claim of an inability to work is made to the CM *unless the situation meets one of the exceptions listed in 3 below*. Referral to the VRS counselor is appropriate if the client:

- a. Is claiming inability to work or participate in any JOBS activity for enough hours to meet participation requirements because of a physical or mental disability, such as a learning disability or alcohol addiction or substance abuse. This includes clients who have verification of a disability/condition (770 form *received for FA purposes* or other previously acceptable documentation) on file;
- b. Signs the release of information form found on the DHR-FAD-2115 Family Responsibility Agreement to allow the sharing of information reported by the client or otherwise obtained by the staff person that potentially affects the client's eligibility for benefits and/or other services provided to the client by DHR;

- c. Has not been able to find and/or keep a job or satisfactorily participate in work activities due to an inability to learn or perform assigned tasks or due to unknown reasons; or
- d. Voluntarily requests a referral (if a disability is obvious).

3. *Exceptions to Referral*

There are two situations where a referral to VRS would be inappropriate:

- *If the limitations of the client are not permanent in nature and are expected to last 90 days or less. The term disability does not refer to clients who have a temporary illness or injury which is expected to last no more than three months. Instead, these clients' participation may be temporarily deferred based on medical evidence from a medical professional. See section 325-A1b.*
- *If the limitations severely prohibit daily activities. If the client had an Abilities Assessment completed through the Independence through Employment program, and that assessment concluded the condition is such that the client cannot participate in JOBS activities and there is no chance of improvement, a deferral without a referral to VRS would be appropriate.*

***NOTE:** If county staff members believe that the client meets one of the exceptions above but wants further guidance before referring the client to VRS, case staffing with SDHR JOBS staff is available. On a case by case basis, contact the JOBS consultant for the county regarding initiation of this process. The case manager should complete DHR-FAD-668 Social Information Report in the presence of the client, if possible, as part of it requires the county staff's observation. The completed form should be submitted to Elizabeth Walker with a copy to the JOBS consultant, who will then schedule the staffing call.*

4. *Referral Process:*

- a. *When a referral for a client becomes appropriate, JOBS staff will schedule the initial appointment between the client and VRS counselor while the client is present at the JOBS assessment appointment. The goal is to ensure that the client has the information before leaving the case manager's office so that transportation, child care, and any other potential issues can be addressed with the client. This will ensure receipt of the appointment by the client as well as assure that the appointment becomes part of the client's Individual JOBS Participation Plan (IJP).*
- b. *When referring a client to a VRS counselor, the case manager will complete the ADRS Referral Form (located in Appendix A on iDHR). The form will contain as much information as possible to assist the counselor, including any medical documentation from the case record. This includes doctor's statements, DHR-FAD-770 forms from FA, previous Abilities Assessments, or other medical documentation. The case manager will attach a copy of the Release of Information section with the client's signature from the Family Responsibility Agreement (DHR-FAD-2115). The*

referral, release, and supporting documents will be transmitted to the counselor per the previously arranged method.

5. Coding

At the time a client is referred to the VRS counselor, the case manager will enter LL-LA as the client's JOBS Participation Status and Status Reason Code on ZD21 Disposition screen in FACETS.

6. Determinations

When the VRS counselor assesses the client, the counselor will contact the case manager to let them know if they are able to accept the client into their program. The VRS counselor has 60 days to determine if the client is eligible for the VRS program and another 60 days to develop a plan and place the client.

- a. *If accepted into the program, the VRS counselor will provide the case manager the next steps in the process, as each case will be different. The case manager should keep in touch with the client monthly, to ensure that the client is attending appointments and following up as instructed by the VRS counselor. If the VRS counselor places the client in an activity, it is ultimately the responsibility of the case manager to contact the VRS counselor regarding procedures for verifying the client's attendance.*
- b. *If the VRS counselor determines that the client has no ability to participate in JOBS activities, the case manager will change the LL-LA participation status and status reason codes to DF-IC and defer the client from further participation until the client's situation changes.*
- c. *If the case manager discovers from the VRS counselor or by other means that the client refuses to cooperate or stops participating in the program, the case manager must make a determination regarding good cause; if good cause does not exist, the client is considered to be non-compliant and a referral for sanctioning must be made to the eligibility worker. Normal procedures will apply for acts of noncompliance.*

7. Continued Case Management Responsibility

- a. *After referral and prior to the acceptance of a client into the VRS program, it is the responsibility of the case manager to communicate and follow up with the client with monthly contacts.*
- b. *After the client is accepted into the VRS program:*
 - *The case manager should keep in touch with the client by phone or letter as needed to ensure the identification of and management of barriers.*

- It is *crucially* important that the CM and the *VRS counselor* communicate frequently with each other:
 - *To determine if the client is attending and participating as planned*
 - *To determine where the client is in the process as well as what is available for clients in their particular situation and location*
 - *Regarding verification of countable activities for the client if placed in an activity by VRS*
 - *To determine together if a client can participate in a JOBS activity with accommodations while waiting on a program through VRS to begin.*

- *If it is determined the client has the ability to participate with accommodations, the case manager will assist in finding employment and/or will develop and place clients in CEMP or other activities as appropriate. The CM will determine the number of hours the client is required to participate in CEMP through completion of the CEMP Hours Calculation Worksheet; however, the participation hours should be consistent with the client's ability as determined by the VRS counselor. Therefore, the case manager will defer to the VRS counselor's recommendations regarding the number of hours the client should be assigned to participate. This could mean the number of participation hours assigned may or may not be enough to meet participation requirements.*

- Clients whose cases are transferred from one county to another should receive continuous service through both JOBS and VRS.

8. *Supportive Services*

JOBS clients who participate in VRS activities are eligible for JOBS supportive services if those services are needed to access the required activity, even if the number of hours is not enough to allow the client to meet requirements for the work rate. JOBS case managers will arrange for transportation or other supportive services to be provided to JOBS clients who require it to participate in an evaluation/assessment. The determination of need and eligibility and the authorization and payment or reimbursement of services will be made by the JOBS case manager per guidelines in Chapter 6 of this manual and only after all other resources have been exhausted.

9. *Assistance in Applying for Disability Benefits*

Any client who wishes to apply for SSI benefits may do so with the assistance of the JOBS case manager but not in lieu of a VRS determination. The case manager should assist a JOBS client with the application for disability benefits *and appointments* as needed.

F. Home Visits

1. A home visit by the CM may be offered to clients who are either unable to come into the office for an appointment or as determined necessary or useful by the CM. In addition to being a service to the client, a visit to the client's home can be very valuable in learning about and understanding the client's living conditions and other household circumstances. It is most valuable when done at the request/invitation of the client. The offer is to be made at the CM's discretion based on individual client circumstances.
2. CM and client safety issues must be the first concern in deciding whether or not to extend the offer of or grant a client's request for a home visit.
3. The client may not be penalized for failure to accept the offer of a home visit.
4. The client must be notified of the purpose, date, and time of the visit at least three days in advance, unless the client requests otherwise and the CM is able to accommodate the client's request.
5. If a home visit is scheduled as stated above and the client is not home when the CM makes the visit, the incident will be treated like any other missed appointment.

320 SUSPECTED ABUSE OR NEGLECT

- A.** The CM should be attuned to potential abuse and neglect situations and should make the necessary observations and inquiries as appropriate.
- B.** If child abuse or neglect is suspected, the CM must immediately contact the Child Protective Service intake worker.
- C.** If the CM is concerned about a client's child(ren), but is uncertain that a situation constitutes abuse or neglect, the CM must immediately make a referral to Child Protective Services and request the situation be assessed.
- D.** In cases where the information obtained is limited to knowledge that a client is taking drugs or is in drug treatment and there is no indication of neglect or abuse, no referral is required.

325 TEMPORARY DEFERRALS

A. Deferral Criteria

Participation in work activities (described in Chapter 5) for a client who according to section 200 is otherwise required to participate may be temporarily deferred under certain circumstances. The granting of a deferral from participation in a work activity does not preclude cooperation with other JOBS Program requirements, such as completion of the assessment/reassessment process or participation in other JOBS activities as agreed to in the client's IJP. The CM should continue to work with clients whose participation in work activities is deferred. The client may be required to participate in other JOBS activities that are aimed toward removing barriers to employment or participation in work activities aimed toward self-sufficiency. *Please refer to section 325-B to determine the appropriate length of time for the deferral period.*

A client may also voluntarily participate in a work activity even though s/he meets a deferral criterion. Therefore, a client who meets a deferral for work activities may or may not have a deferred participation status (DF) on ZD21 depending on whether or not s/he is involved in other JOBS activities.

A client's participation may be deferred without an interview (face-to-face or over the phone) at the initial assessment or reassessment if the CM can otherwise determine that the client's circumstances warrant a deferral and the client does not wish to voluntarily participate. Information on the certification screens (ZC52, ZC51, etc. accompanied by verification) and in the JOBS or PA case record will usually be sufficient to determine if a member may be deferred without an interview, unless the client is a domestic violence victim or the client is claiming a disability that prevents employment or participation in any JOBS activity.

Do not assume the client does not wish to participate because s/he meets a deferral criterion. If it can be established that the client meets a deferral criterion, contact the client regarding her/his wishes to participate voluntarily using the JOBS Voluntary Participation Notice. See form in Appendix A.

1. Participation in a work activity may be deferred if, in the judgment of the CM and SAIL specialist or *Vocational Rehabilitation Services (VRS)* counselor, as appropriate, and based on medical or other required evidence, the client:
 - a. Is a person whose presence is required on a substantially continuous basis due to the illness or incapacity of an individual who is related to her/him according to section 110, and there is no other available person to provide the needed care. The relationship does not have to be verified, unless questionable, and the ill or incapacitated person does not have to live in the home with the person providing the care. Use form DHR-PAD-1876 to verify.
 - Note that separate deferral reason codes should be used on ZD21 if the person needing the care is a child (CI) or adult (CR).

- If the person needing the care lives in the home of the participant, the Work Eligible code on ZD21 must be 9. If the person does not live in the home with the participant, the 9 code is not appropriate;
- b. Has an illness or injury which has lasted or is expected to last at least 30 days but no longer than 90 days (three months) which is serious enough to **temporarily** prevent employment (or training with the hope of employment) when determined on the basis of medical evidence (written statement preferred) from a physician or licensed or certified psychologist or an assessment by VRS or other assessment agency. This includes pregnancy when it has been determined by medical evidence that working or participation in training would be detrimental to the woman or the unborn child.
- If the CM has information/verification which indicates participation may be deferred based on this deferral reason and the client has indicated through her/his action/inaction that s/he does not wish to participate, the CM may defer participation, based on the medical evidence, for up to three months.
 - The CM must use prudent judgment when assessing a client’s ability to engage in a work activity. If the client’s circumstances are obvious to the CM, for example, the client comes in on crutches or, in the case of pregnancy, delivery appears imminent, the client’s participation may be deferred (for the three-month period) without requiring additional medical evidence. However, pregnancy is not, in and of itself, an acceptable reason for deferral. The medical circumstance must be to such an extent that it precludes the client from participating in any available JOBS activity.
 - This determination will satisfy the initial assessment requirement, and unless there is sufficient reason to do otherwise, an interview with the client is not required. If the client’s situation has not changed by the end of the deferral period and is not expected to change within the next three months, *contact the JOBS Policy Automation HelpDesk with the details of the client’s condition for a determination to see if the client must be referred to the Vocational Rehabilitation Services counselor. See section 315-E.*
- c. Has been assessed for work/participation abilities by the VRS counselor and the client is unable to engage in any type of employment or other available JOBS activities, *or has provided detailed medical evidence of a severe disability such as to preclude any work activity, or the case manager has made a determination that the client is unable to participate in any work activity after completing the DHR-FAD-668 “Social Information Report” with the client.*
- Document the disability and accommodations offered/provided on ZD74 and ZD75, as appropriate.
 - Refer to section 315-E for more information on the referral process *to the Vocational Rehabilitation Services counselor.*

- If the client requests a deferral based on this deferral reason, the client must be contacted to discuss the disability. However, a face-to-face interview with the CM should not be required, unless there is no other way to discuss the incapacity and/or obtain the information necessary to make the referral. For example, the CM has never seen the client or has not seen the client since s/he disclosed the disability **and** there is no information/verification of the incapacity documented in the case record or on FACETS **and** the CM is unable to reach the client by telephone because the client does not have a telephone or number where s/he can be reached;
- d. Has been determined by the SAIL specialist or CM to be in imminent danger, has been battered, subjected to extreme cruelty or received threats of such to the extent participation in program work requirements is precluded. An individual has been battered or subjected to extreme cruelty if the individual has been subject to: physical acts that resulted in or threaten to result in physical injury to the individual; sexual abuse; sexual activity involving a dependent child; being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities; threats of, or attempts at, physical or sexual abuse; mental abuse; or neglect or deprivation of medical attention. (See section 305-B5 for verification and documentation. See section 425 for SAIL referral procedures and available services.)

The client may be deferred without an interview with the CM if the SAIL specialist determines the client is in imminent danger. The CM should not schedule a face-to-face interview with the client until after a consultation is held with the SAIL specialist. If an interview appointment has already been scheduled when the CM learns of the domestic violence issue, the CM must ensure that the client is notified that keeping the appointment is not required and that no penalty is imposed for the client's failure to keep the appointment. The CM and the SAIL specialist will collaboratively determine if a face-to-face interview is necessary and/or appropriate;

- e. Is participating in alcohol, drug, or mental health counseling/treatment as verified through the provider to the extent employment or participation in work activities is precluded. A client who is participating in a counseling or treatment program for any number of hours should be placed in counseling or job readiness component on ZD23 as stated in section 515. Therefore her/his participation status on ZD21 would be place (PL) instead of deferred (DF);
- f. Is age 60 or older. (The birth date displayed on ZC51 and ZD30 that is entered by the EW is sufficient verification and documentation of age.);
- g. Has a personal barrier of such significance to preclude participation in a work activity and/or employment **and** is participating in other JOBS activities aimed toward overcoming the barrier. Examples of such barriers may include, but are not limited to, the inability to speak English, being in need of extensive dental work, etc. The existence of the barrier must be verified by an individual who is qualified to make such a diagnosis or determination, such as a physician, psychologist, etc.

- If the client has a personal barrier, s/he may meet a FA hardship criterion for the 60-month time limit if s/he is also engaged in an activity to overcome the barrier. The activity in which the client is engaged does not have to be one that qualifies as a countable work activity. Therefore the client's JOBS participation status may or may not be deferred.
 - If participation must be deferred for this reason, the CM must monitor and reassess the client's circumstances in intervals depending on the timeframe in which it is anticipated the barrier can be removed, but at least every 60 days and according to section 315.
 - **Every effort must be made to ensure the resource and/or activity necessary to overcome the barrier is available and accessible to the client, including the development and/or coordination of the appropriate resource or activity by the CM. These efforts must be documented in the case record.**
 - The CM must notify the PA worker when s/he determines that a client has a personal barrier. Verification that a personal barrier exists that is obtained by the CM must be shared with PA. In the notification to PA, specify whether the client will be engaged in an activity to overcome the barrier and if so, provide the name or a description of the activity in which the client will engage. The CM must also notify PA when a personal barrier has been overcome and/or the client becomes employed or otherwise ends the activity to overcome the barrier;
- h. Is a single custodial parent caring for a child under the age of six (6) and appropriate child care is not available (affordable and/or accessible) to the client;
- i. Is a single custodial parent (age 18 or older) of a child age 6 months or younger.

If the information on FACETS screens and in the case record indicates the client meets this criterion and the client does not volunteer to participate, this determination will satisfy the requirements for completion of the initial assessment or reassessment during the first *six* months of the child's life. Therefore, an assessment/reassessment interview (face-to-face or over the phone) may not be required during the first *five* months of the child's life. However, an interview should be conducted in the *sixth* month of the child's life, and the client may be considered noncompliant for failing/refusing without good cause to complete the reassessment interview in the *sixth* or later month of the child's life. In addition, the client may not be considered noncompliant without good cause for any other failure/refusal occurring during the first *six* months of the child's life.

- The case manager should explain to the client the deferred months will count in the 60 month lifetime limit for receipt of FA benefits, however the client may volunteer to participate any time during the deferral period.
- Supportive services may be authorized if the participation is in a core activity for a sufficient number of hours to be countable;

(NOTE: For federal reporting purposes the client may be disregarded from the WPR calculation for this deferral reason for a maximum of 12 months lifetime.)

- j. Is a parent in a two-parent family who has to provide childcare for a child while the other parent works or participates in a JOBS activity because appropriate childcare is not otherwise available, accessible, and/or affordable; or
 - k. Has no personal means of regular transportation and none is available through other means. The CM must continually make and document efforts to remove the barrier. **Follow instructions in bold underlined print in “g” above.**
2. A client whose circumstances are as stated in any criterion in “a” through “g” above may also meet a FA hardship criterion for receipt of FA after the 60-month time limit referenced in Chapter One, if otherwise eligible. The PA worker will make the determination of whether the client meets a hardship criterion. Therefore, in the 59th month of receipt of FA and any month thereafter, if the CM determines that the client meets a deferral criterion that may also qualify the client as meeting a FA hardship criterion (or that a deferral that was based on a criterion that also potentially meets a hardship criterion will end because the client no longer meets the criterion), the CM must notify PA and provide a copy of any supporting documentation. Notify PA within three (3) workdays of making the determination to defer participation or to end deferred participation.

The CM should be mindful of and stress to the client the following:

- To meet a hardship criterion under the circumstances described in “e” and “g” above, the client must participate in an activity to overcome the barrier.
- To meet a hardship criterion under “d” above, the danger and/or other circumstances must be current.

A deferral for any of these reasons is not in the best interest of the client, as the client may not be prepared for financial independence when the family becomes ineligible for FA after the 60-month time limit expires.

- 3. If a client has received FA for 59 months or more, consult with the PA worker before requesting verification from the client to avoid duplication of verification efforts.
- 4. **A client’s participation in a work activity should not be automatically deferred unless specifically stated otherwise in JOBS policy.** The CM should stress the benefits of welfare independence and urgency of the five-year time limit, and should encourage the client, as appropriate, to engage in an appropriate JOBS activity.

B. Time Frames for Deferrals

When determining the length of the deferral period, each circumstance must be evaluated closely to determine the appropriate deferral period. A client should not be arbitrarily deferred for fixed periods of time, for example, three months or six months. The deferral period should be consistent with the reason for the deferral and the length of time the particular circumstance is expected to last.

1. Evaluate with the client the reason for the deferral and set the time period accordingly. **For routine problems, participation may be deferred for up to three months.** The client must reestablish the need for another deferral during the last month of the deferral period.
2. If unusual circumstances exist and a referral to the VRS counselor is not appropriate, for example, a broken bone, surgery, etc., participation may be deferred for **up to three months** before reassessment. *The deferral period should be based on the expected length of the circumstance.* The client must reestablish the need for a deferral during the last month of the deferral period.
3. A client who is deferred as a result of having a child under the age of 6 months may be deferred for this reason until the last day of the month in which the child turns 6 months old.
4. The client should be told the reason for the deferral, the length of the deferral period, and to report any changes that may affect the client's ability to participate within 10 days of the date of the change. If, at any time during the deferral period, the client's situation changes to the point that the deferral reason no longer exists, the deferral period should be ended. If the client does not meet a deferral criterion, the client should be immediately required to participate in work or work enhancement activities.
5. It is especially important to limit the timeframe for deferrals during the last months of the 60-month FA time limit. Refer to section 330. A client who is unable to find employment after the expiration of the 60-month time limit due to lack of childcare and/or transportation will not be eligible for FA. The ineligibility for FA will limit the supportive services that can be provided to the client to help her/him overcome these barriers.

330 ACTIONS DUE IN THE 54TH MONTH AND THEREAFTER

A FA family may receive FA (or other TANF “assistance” as defined in section 110) for a maximum of 60 months with or without a FA hardship **and** for each month a FA hardship is granted after 60 months. The 60-month time limit applies to families in which the needs of the FA grantee or the needs of her/his spouse are included in the FA benefit level calculation, with a few exceptions. It is very important that the CM work closely with the FA grantees and/or their spouses both before and after the expiration of the 60-month time limit. This section provides actions that must be taken during the last seven months of the 60-month time limit for receipt of FA and each month FA is received thereafter due to a FA hardship. While the time limit will apply only to the FA grantee and her/his spouse, it is also important to work with other adult parents whose needs are included in the FA grant to help them prepare for financial self-sufficiency and prevent future reliance on public assistance.

A. Actions due in the 54th Through the 60th Month of Receipt of FA

The family’s circumstances must be reassessed and/or monitored as stated below during the 54th through the 60th month. During the reassessment and/or monitoring process the remaining barriers and all factors pertinent to their removal must be reviewed, addressed and documented on the Specialized Family Responsibility Plan for Time Limit Countdown. A face-to-face interview with the client is not required if those factors can be otherwise reviewed and/or addressed. Automated alerts with notices to the client and an alert to the CM will be generated each month as a reminder to both the client and the CM that the expiration of the time limit is approaching. The CM must take action as described below.

1. Each FA family will receive an automated notice (CTLE) in the 54th month of receipt of FA. The purpose of this notice is to remind the family that it only has six more months to receive FA and therefore plans to become and remain self-sufficient should be finalized with the CM. In addition to the CTLE notice to the family, a WTLE alert will be set to notify and remind the CM to take the appropriate actions with the family.
 - a. The WTLE alert will be automatically set on the last workday of the 53rd month of receipt of FA and will have a ten-day Response Due Date.
 - b. The CM must take action to arrange a reassessment with the client according to section 315 within the ten-day timeframe and manually clear the alert when those arrangements are made.
 - c. The first reassessment must be completed according to section 315 as soon as possible, but no later than the end of the 55th month of receipt of FA. A WTL5 alert with a notice to the client will be automatically set for the 55th month as a reminder. The CM must clear the alert when the reassessment is completed. Also upon completion of the reassessment, update the CURR ASSM DATE, NEXT ACTION DUE, and RESET ALERT fields on ZD21 according to regular procedures.

2. After completing the reassessment in the 54th or 55th month, the CM must review, monitor, and/or reassess (whichever is appropriate) the client's circumstances each month of receipt of FA. Automated alert notices, WTL6, WTL7, WTL8, and WTL9 will be generated each month through the 59th month. Each alert will send a notice to the client to inform her/him of the number of months used and the number of months remaining in the 60-month time limit. The alert notices also serve as reminders to the CM that some type of action is due. The WTL6 alert notice will be automatically set in the 56th month, the WTL7 in the 57th month, the WTL8 in the 58th month and the WTL9 in the 59th month. The CM must clear these alerts each month after completing the necessary action. The action that will be required each month will be based on the particular circumstances of the client, except as stated in "3" below. Refer to sections 315-C and 325-B for information regarding timeframes for reassessments.
 - a. If participation is deferred because of a personal barrier, the CM and client should continuously seek ways to overcome the barrier according to section 325-A1g. The CM should keep in mind and stress to the client that s/he will not be eligible for FA after the 60th month unless the personal barrier is being addressed through participation in an activity/program to overcome the barrier. Therefore, even if an extensive reassessment is not appropriate for the client's circumstances, at a minimum, the case record should be reviewed each month and the automated alert cleared.
 - b. If the case has been referred to a VRS counselor because the client has a personal disability and the referral is in open status, the CM will reassess the case as appropriate by contacting the *client and/or the VRS counselor monthly to determine the client's progress. The SFRP should be completed or updated each month based on the progress report.***
 - c. If participation is deferred for a reason other than a personal barrier or disability, reassess at the end of each deferral period. A monthly reassessment is not necessary. However, appropriate action must be taken on any changes to the client's circumstances at the time the change becomes known to the CM.
 - d. If the client is participating in a JOBS activity, including employment, the CM must reassess the client's circumstances based on the timeframe of the activity in which the client is engaged and according to the client's individual situation. Participation must be monitored on a monthly basis and the associated alert cleared. The CM should discuss with the client her/his option to voluntarily terminate the FA to reserve as many months as possible for future use, especially if the client is employed or otherwise able to meet her/his financial needs and obligations.

3. **A thorough and extensive reassessment must be conducted in the 59th month, regardless of the client's participation status.** No client should reach the 59th month without having had extensive contact with his/her CM. For months 54 through 60, these contacts must be documented in the case record on or attached to the Specialized Family Responsibility Plan for Time Limit Countdown, DHR-FAD-2091. Therefore, during this reassessment the CM must determine to the extent possible whether all resources were explored and exhausted and if the client will potentially meet a hardship criterion at the end of the 60th month of receipt of FA.
 - a. If it can be anticipated that the client will have barriers that may qualify her/him for a FA hardship, the CM must notify the PA worker and request that the PA worker make a FA hardship determination. The CM must provide PA with information and/or verification s/he has that support a hardship claim. PA will make the hardship determination and notify the CM of the results of that determination. The CM must continue to work with the client as stated in "B" below to overcome the barrier.
 - b. If the client does not meet a hardship criterion, the family will not be eligible for FA beyond the 60th month. Upon notification that the FA will terminate at the end of the 60th month, the CM must contact the client according to section 360 and make sure the client is aware of services that may be provided to help her/him make the transition from FA. Terminate the JOBS case according to section 360, but no earlier than the end of the 60th month of receipt of FA, unless the JOBS case must be terminated for some other reason.
 - c. If the client meets a hardship criterion beyond the 60th month, JOBS participation requirements and the removal of the remaining barriers should be addressed as stated in "B" below.

B. Case Management Activities *during the 54th Month and Thereafter*

During the 54th month of receipt of FA and thereafter, the CM and the client must continue to identify and address the remaining barriers to financial independence to the extent possible even if the client's participation in work activities must be deferred or the family meets a hardship criterion. The main focus of the CM is to assist the family in identifying and removing the barriers. Removal of these barriers may or may not be addressed through participation in a JOBS activity. Therefore, the client's participation status on ZD21 during this timeframe may be placed (PL) or deferred (DF) depending on the actions being taken to remove the barriers.

Actions must be documented on the specialized FRP 2091 form. The actions of the CM must be reviewed and signed by the JOBS supervisor each month. The CM must call upon all community resources in an effort to assist the family in removing the remaining barriers and becoming self-sufficient. County Welfare Reform Initiative Funds should be used to purchase any service that is needed to assist the client that is allowable through JOBS policy and the Administrative Manual and cannot be paid on FACETS

1. While certain hardships may be impossible to remove, in some instances the barriers resulting from the hardship can be overcome with assistance from the CM or other community resources. For example, a client whose hardship is a permanent disability might not be able to overcome the disability, but with help from the CM can become financially self-sufficient through receipt of SSI or other disability benefits or through training may be able to find employment. In this instance the client should be referred *per policy* to the *Vocational Rehabilitation Services* counselor. Refer to section 315-E for more information on the VRS Program.
2. If the client has a FA hardship due to a personal barrier, the CM must engage the client in some type of activity or program to address and overcome the barrier. For example if the client needs extensive dental work, the CM must seek ways of getting this service performed through resources that may exist in the community and document steps taken and resources contacted. See section 325-A1g.
3. If the client has a FA hardship due to the care of a disabled family member, and a change in circumstances is not anticipated, it is allowable to reassess the client's circumstances every six months rather than monthly.
4. If the CM determines that the client's only barrier is one for which there is no accessible/available resource and documentation in the case record shows that all possible resources have been explored and or exhausted, the client's participation status should be "LL" on ZD21 with "LA" as the status reason. These clients do not meet a FA hardship criterion; therefore, FA benefits will be terminated at the end of the 60th month. Upon receipt of the FA termination notification from the PA worker, terminate the JOBS case according to section 360-B.
5. It is important that the CM communicate regularly with the PA worker and pass on to PA any information obtained directly from the client or other sources which supports or refutes a hardship claim or other points of FA eligibility. *This includes those clients who receive over 60 months through a hardship because of a personal disability, and the client becomes employed or employable or becomes noncompliant with JOBS. "Employability" can be defined as the ability to perform some type of work for pay, and this includes the ability to participate in any JOBS activity. The JOBS case manager needs to report to the FA worker the date the client became employed, employable, or became noncompliant with JOBS.*
6. When possible, the CM should schedule reassessment interviews to coincide with the FA eligibility re-determination interviews. Such coordination may avoid duplication of efforts to verify or otherwise document the client's circumstances, and in some instances prevent multiple trips by the client to the agency.

335 FAMILY (FRP) AND INDIVIDUAL (IJP) PLANS

A. Family Responsibility Plan

An FRP is required for each recipient FA family containing a member who is subject to JOBS participation according to section 200. The FRP is the family's overall plan for financial self-sufficiency, collectively and individually, and the FA grantee's agreement to take responsibility for all family members' participation. The FRP consists of a Family Responsibility Agreement as described below and a step-by-step description of each member's individual participation in the JOBS Program. **Do not include information about domestic violence issues in any material given or mailed to the FA grantee if the perpetrator of the violence is in the home and will have access to it.**

1. Documentation of the Family Responsibility Plan includes the following:
 - a. The Family Responsibility Agreement (FRA), DHR-FAP-2115, signed by the FA grantee and spouse. The FRA is the FA grantee's declaration of her/his understanding of the JOBS participation requirements for all family members and her/his agreement to accept those responsibilities. The FRA documents explanations provided to the FA grantee, and includes the current participation status of the FA grantee relative (required, deferred, delayed, or not subject to participation), and a Release of Information statement. The FRA must be completed with the FA grantee preferably during the grantee's initial assessment interview after the participation status for the grantee has been determined, unless otherwise specified in "4" below. If the needs of the FA grantee are not included in the FA grant determination, the FRA should be completed with the grantee relative as soon as possible, but no later than 30 days after the first family member becomes subject to JOBS participation. Completion of the FRA must not be delayed pending the completion of an assessment, IJP, or other forms or procedures for family members other than the FA grantee;
 - b. The Individual JOBS Participation Plan (IJP) as described in "B" below and/or other approved self-sufficiency plan (SOS, WAP) and specific work activity or component(s) agreed upon for each family member, including the FA grantee (include as a part of each IJP);
 - c. Listing of supportive services authorized by the CM (include as a part of each IJP);
 - d. Any other needs of and services and/or accommodations provided to the family, such as participation in life skills training, mentoring programs, etc. (include as a part of each IJP); and
 - e. The Release of Information for all AU members (included on FRA).

2. Documentation of the Family Responsibility Plan should be updated when there is a change in the participation status or IJP for any family member. The update may be a pen and ink change (in a different color of ink) to the current FRA form initialed and dated by the client and CM in the spaces provided or a change to an IJP or other document. A new FRA is **required** when the FA case is closed and reopened for reasons other than administrative or the current FRA has been updated twice or is no longer readable. However, a new form may be completed as often as the CM deems necessary.
3. When the needs of the FA grantee are included in the FA grant determination, both the FA grantee and the CM are required to sign the original FRA (including the Release of Information). The grantee must also initial any modifications agreed to and made by the CM, unless otherwise specified below. If the grantee refuses or fails to sign the FRA, follow guidelines listed in “5” below to determine if noncompliance exists. If the grantee relative has a spouse whose needs are included in the FA grant determination, the signature of the spouse is also required, unless otherwise specified below.
4. If the assessment of the FA grantee, including modification, is made over the telephone or through the mail, the FRA may be mailed to the grantee for signature. Attach copies of all IJPs that have been completed for family members at the point of the mailing of the FRA, and include a self-addressed stamped envelope. Do **not** mail copies of individual FACETS screens as each IJP should include all necessary information about participation and supportive services. It is not necessary for the client to return IJPs to the CM, unless a signature is required. The client should be given at least 10 days to return the signed FRA. Once the CM receives the signed FRA from the client, the CM must sign the FRA, send the client a copy that contains all required signatures, and file a copy with attachments in the case record. Follow guidelines in “5” below if the FRA is not returned as required.
5. If the client refuses to sign or does not return the signed FRA as required, but has completed an IJP as required, take the following action:
 - a. If it has been determined that the grantee will be deferred, and the grantee fails/refuses to sign or return the FRA as required, determine the reason for the failure and try to resolve any issues. Do not consider the client to be non-compliant for failure to sign/return the FRA. Document the client’s explanation or lack thereof for not signing the FRA.
 - b. If it has been determined that the grantee will participate, but the FRA is not signed/returned as required, determine if the client is participating as agreed. If so, resolve any issues regarding the failure/refusal, but do not consider the client to be non-compliant for failure to return or sign the FRA. If the client is not participating as agreed, initiate noncompliance actions according to Chapter 7.
 - c. If the grantee and/or spouse fails to sign and/or return the FRA, is not participating as agreed, and the reason provided does not constitute good cause, or the CM is unable to make contact with the client to determine good cause, initiate noncompliance actions according to Chapter 7.

6. When the needs of the FA grantee are not included in the FA grant determination, the grantee should be contacted to discuss his/her responsibility for the participation of other family members and the supportive services available to these members for participation purposes. During the contact, participation requirements for and expectations of each member must be explained to the grantee and a request for the grantee's signature on the FRA must be made. The participation explanation to the grantee is required and may be made in a face-to-face interview, over the telephone or through the mail. However, in no instance may any family member be considered non-compliant solely for failure of the FA grantee to cooperate in this process. Document attempts to provide the explanations and/or obtain the grantee's signature in the case record.
7. The Family Responsibility Plan (FRP) should be evaluated any time there is a change that prevents the grantee or other family member from following through with an IJP plan or when any family member completes an activity. The FRP **must** be reevaluated with the FA grantee as stated above at least every six months. Whether this is done face-to-face with the FA grantee or by mail after a telephone concurrence depends on the grantee's situation and the frequency of contacts the CM has had with the grantee.

B. Individual JOBS Participation Plan

An Individual JOBS Participation Plan must be developed with or on behalf of each family member who is subject to JOBS participation requirements, including members whose participation is deferred. See "3" below for IJP information for clients who claim to be unable to participate due to personal disabilities. The IJP is the client's plan of action for attaining financial self-sufficiency, and should be developed and/or updated as a part of the assessment/reassessment process as stated in section 315-A1e.

With guidance and assistance from the CM, the client should take the lead in the development of the plan during her/his individual assessment. After assessing the client's circumstances, the CM must guide the client in the development of the plan to ensure actions and other aspects of it have been well thought out, are reasonable, and within the client's ability to complete. The CM's dated signature indicates her/his evaluation of and agreement to the plan.

The plan must be described step-by-step in writing in a single document. A copy of the IJP document must be attached to the FRA and placed in the family record. The FRA and an IJP for each member of the family who is subject to JOBS participation are considered to be the Family Responsibility Plan (FRP) for the assistance unit. Do not attach copies of FACETS screens or locally developed forms/material as a part of the IJP. When possible and feasible, the plan should be documented in the client's handwriting. However, the CM may write or type the plan if requested by the client and/or if the CM otherwise determines it is appropriate. See "1" and "5" below for more information on how to document the IJP and Appendix A for examples of IJPs. If the client fails or refuses without good cause to complete an IJP as required, follow noncompliance procedures in Chapter 7.

1. Documentation of each IJP must include the client's name, SSN and the following:

- Short and long-term financial self-sufficiency goals;
- Specific steps (actions) to be taken to achieve those goals;
- JOBS and other work-related activities in which the client will engage;
- Time frames for activity and goal achievement;
- Resources to be explored;
- Supportive services to be provided by DHR and others, including accommodations for any disabilities or special circumstances:
- Any other pertinent facts; and
- Dated signatures of the client and CM.

When the IJP is developed/updated over the telephone or through the mail, and must be mailed to the client for documentation or signature, use the state-issued IJP Notice as a cover letter and the IJP documentation sheet according to instructions in Appendix A.

2. The CM will assist the client in finding and accessing the necessary resources and as otherwise necessary. Depending on the client's competency level and other circumstances, this assistance may be as minimal as identification of and referral to a particular resource or may be as extensive as actually taking a client to an agency and helping her/him complete necessary paperwork for assistance.
3. If the member claims to be unable to participate due to a personal disability and is referred to the *Vocational Rehabilitation Services (VRS)* counselor, the IJP made at the point of referral will indicate the date the client is to be interviewed by the *VRS* counselor and that the client will cooperate with the *VRS* counselor. The *VRS* counselor will arrange for an *an* -assessment and will send the CM a copy. The CM will attach the copy to the IJP as a part of the client's initial plan.

The IJP must describe the client's abilities, specific accommodations offered/provided and steps to be taken to find an appropriate placement or secure disability or other benefits or means of financial support for which the client is potentially eligible. Information regarding the disability and the accommodations requested, offered, and provided must also be documented on ZD74 and ZD75. If the client's assessment is later revised or replaced, it will be necessary to revise the IJP.

4. If participation is deferred for reasons other than a disability, the IJP must specify the reason for and length of the deferral period and steps (actions) to be taken at the end of the deferral period.

5. There is no particular form or format for an IJP, except that it must contain specifics about what the client's plans are for financial self-sufficiency and what will be done to follow through on the plans as stated in "1" above. This allows the client and CM flexibility to develop a plan in a manner that is client specific and written at the client's level of literacy and understanding. The IJP documentation sheet in Appendix A may be used to document the plan. However, use of this sheet is optional.
6. All changes to an IJP of a family member must be shared with the FA grantee as an update or addition to the FRP. If the CM is unable to reach the grantee in person or by phone, an explanation of the change(s) and a copy of the revised IJP must be mailed to the grantee.

340 TIME FRAMES FOR COMPONENT ENTRY

- A.** Time frames should be agreed upon for completion of each action needed to secure placement in a component. As a general rule, this should not be more than ten working days. The client should begin activities that result in placement within this time frame. An exception to this timeframe may be when a client is assessed during the last month of a deferral period and participation is not required to begin until the following month. Although actual placement may not occur in 10 days, sufficient initial steps should be taken to assure placement at the earliest possible date within agency guidelines.
- B.** The client is considered “placed” as of the date the client actually begins the activity. The date of placement (PL) on ZD23 must be consistent with the date the client began the activity.
- C.** The client is responsible for reporting the results of her/his component entry efforts to the CM by the deadline. The CM should enter an alert on FACETS to track the deadline. If the ten-day time limit is extended, make the appropriate annotation in the case narrative.

345 CLIENT RESPONSIBILITIES

In order to accomplish the objectives of the FRP, the client must take responsibility for her/his actions and seriously attempt to achieve the goal of self-sufficiency for the family. The CM should assure that the client understands the requirement to:

- Report on time for all scheduled interviews, assessments, classes or sessions;
- Meet participation requirements as agreed upon;
- Notify the CM or PA worker of any changes in her/his circumstances (within 10 days);
- Report to an employer to whom referred by the CM or any other person on behalf of the JOBS Program; and
- Accept and retain suitable employment.

A. Family Case Files

1. A family case record (using the FA grantee's SSN) must be maintained for each family referred to the JOBS Program. The case record should document all case actions and the participation history for all clients who participate in JOBS activities and/or receive supportive services through the JOBS Program.
 - a. Counties may create folder inserts for individual participants, for example, a teen parent who is not the FA grantee. These inserts should be inserted into and filed with the family case record when the individual's JOBS case closes or the reason for creating a separate file no longer exists.
 - b. Counties with generic caseworkers (meaning the PA worker is also the JOBS case manager) may create individual file folders for JOBS material and insert the folders in the FA case folders, rather than creating two separate family case records for FA and JOBS.
2. The case record should be arranged in the following general order:
 - a. Current self-sufficiency plans and forms for the last six months, including:
 - **FRA, IJP, WAP, SFRP;**
 - Tracking forms (VOCT/JOBS/JOBR, Client Participation Summary); and
 - Computation worksheets, Monthly Attendance/Progress Report or other participation and employment verification, 1707;
 - b. Narrative (see "Documentation" below);
 - c. Correspondence (most recent letters/referrals, communication between JOBS and the client, other DHR units and other agencies outside DHR); and
 - d. Obsolete forms.

NOTE: The DHR-WR-1707, and receipts should be filed in the case record after the CM has verified and approved the expenses and the information has been entered for reimbursement on FACETS (ZE14) or through county initiative funds. After a six months period, the forms may be filed in a central file by name and case number.

B. Documentation

The case record should provide a complete written (or typed) history of the client's participation and other activities, as well as the activities and findings of the CM. In addition to providing a more complete picture of a client's participation history, thorough documentation is essential to effective case management and meeting federal documentation requirements. Documentation should be maintained in a written or typed narrative and other written or typed documents in the case record and on FACETS as stated below.

1. The narrative is a single document that provides a chronological account of all actions taken on the particular case. The narrative should be updated immediately after the action occurs, but no later than the next workday. The narrative may be typed or written on the Record of Contact form, PSD-BPA-746. While it is not necessary to repeat information on forms/documents in the case record or on FACETS, the narrative should specify:
 - The types of forms used to document and verify information;
 - Where specific information is in the case record and on FACETS; and
 - The dates the information was received and/or entered on FACETS.

The narrative should establish the following:

- a. Observations about the client, for example, attitudes, behaviors, etc.
- b. Case actions taken, date taken, and why.
- c. Barriers to participation and efforts that are made to remove barriers in order to justify temporary deferrals. Use Disability Screen (*ZD74*) to document barriers related to disability, domestic violence, etc.
- d. Specific reasons for granting excused absences from an assigned work activity and the date(s) of the absence(s).
- e. The lack of need for supportive services. If a particular supportive service is needed, authorize the service on *ZD25* on FACETS. If no supportive services are needed, document the reasons why no services are needed.
- f. If supportive services are authorized which require reimbursement based on documentation on the DHR-WR-1707, "Record of Participation and Expenses", or other form, the record should reflect that an initial 1707 or other form was provided to the client. When the 1707 or other form is submitted for reimbursement, the narrative should document the date the form was received and processed for payment, and the form should be annotated as to whether a new form has been sent to the client.

- g. Specific efforts regarding the penalty process, expectations from the client, the client's responses or lack of response, etc.
 - h. Day-to-day contact with the client or others on the client's behalf.
 - i. Dates verification of participation was received (including the specific date a client begins an assigned activity, i.e., the PL date on ZD21 and ZD23), the form of verification received and where it is located in the case record. See Chapter 5 for information on verification of participation.
 - j. If the client is placed in an employment or pre-employment activity, the case record should establish that transitional benefits as well as Earned Income Tax Credits (EITC) and other credits have been discussed.
 - k. Why a client is assigned to a component for less than the number of hours required to meet participation requirements.
 - l. The specific reason(s) for a deferral, including, as appropriate, why the *ADRS Vocational Rehabilitation Services (VRS) counselor* is unable to work with a client.
 - m. The fact that the client is or is not currently registered with the *Alabama Career Center per Section 210-B*.
 - n. The current school status for each minor age 16 to 18, if the minor is a parent of a child living in the home.
 - o. Any other pertinent facts relative to the client's circumstances which affect participation in JOBS activities.
2. Other written/typed documents/forms may also be used as documentation of client participation and CM activities. These documents usually contain specific information about actions of the client and/or CM, such as the FRA, IJP, or copies of school records, attendance sheets, time sheets, pay stubs, and inter/intra agency communication memos, etc. Some documents, such as pay stubs and school records, may also serve as verification of the number of actual hours of client participation. See Chapter 5.

In order to count a client's hours of participation in work activities, information regarding the client's actual hours of participation must be documented in the case narrative or on the Paid or Unpaid Weekly Hours Computation Worksheet at specified intervals as follows:

- a. For Job Search/Job Readiness activities, documentation of the actual hours of participation is required daily.
- b. For other unpaid work activities, including work experience, community service programs, vocational educational training, and educational activities, documentation of actual hours of participation is required monthly.

- c. For unsubsidized/subsidized employment and on-the-job training (OJT) activities, documentation of actual hours is required when the employment begins, the hours change, or the end of the current projection period, whichever is earlier.
3. Because FACETS is the automated system from which information is reported to the Administration for Children and Families (ACF), FACETS screens must also be used to document case actions and client participation. Screens must be completed according to Appendix B in a timely manner, especially information regarding a client's hours of participation in work activities.
 - a. Information regarding the client's general circumstances, assessment activities, and employment and component activities should be entered on FACETS immediately, but no later than three workdays.
 - b. Information regarding the client's countable weekly hours of participation for any given month should be entered on FACETS between the 1st and the 20th of the following month. See Chapter 5 for more information.

If information regarding the client's hours of participation for any given month is not entered on FACETS by the 20th of the following month, the client's participation might not be counted in the calculation of the participation rate for that month.

C. Record Retention

1. Case Records: Case records must be retained for five years following the last contact with the client.
2. Reports and Printouts: Unless otherwise provided in section one of Appendix B, the five-year retention period applies to all JOBS-related financial forms, reports and printouts.

D. Confidentiality of the Case Record

Information contained in the case record is confidential and should be kept secure and protected from unauthorized disclosure. For more detailed information on the confidentiality of the case record refer to the Assistance Payment Manual (APM) section 20100 and the JOBS CR3 Confidentiality course on LETS. The APM may be accessed through iDHR/Family Assistance.

A. Original County's Responsibility

1. The originating county is responsible for all JOBS activities until the FA case has been transferred to the receiving county on FACETS and IEVS. The CM will receive notification from the EW through either a manual notice or a W320 alert that is automatically created when the EW completes the ZE60 transfer screen on FACETS. The EW cannot transfer the FA case on FACETS until the JOBS case is closed. See section 5 of Appendix B for further explanations.
2. The CM in the originating county must do the following:
 - a. Contact the JOBS CM in the new county and alert her/him of the pending transfer. Whenever possible, coordinate with the new county to prevent a break in services, especially when childcare is being provided through the CMA.

NOTE: Coordination on the authorization of childcare is a very important factor in ensuring there is no break in the service. Consult with the CM in the receiving county regarding dates care will end in the originating county and begin in the receiving county. If the client was receiving childcare through the CMA, determine if that CMA will continue to provide the care. Regardless of whether care will be provided by the same CMA or a different one, close the childcare in the originating county and send a referral to the CMA using the referral notice generated through ZD24.

- b. Close components, supportive services, using the date agreed upon by the CMs in both counties and the client; then close the JOBS record on FACETS using closure reason code "TC". Notify the EW and CMA (if applicable; use the W832 referral generated from ZD24).
- c. Mail originals of documents **ONLY** if they are needed to support information on FACETS (e.g., test results, comments).
- d. Do **NOT** routinely mail copies of 1707's "Record of Participation and Expenses".
- e. If the client is currently in noncompliance status, mail a copy of communication to and from the EW.

B. Receiving County's Responsibility

1. The receiving county cannot reopen the JOBS case on FACETS until after the FA case is transferred to that county on FACETS and IEVS. However, if the originating county or the client contacts the JOBS CM for assistance before the FA case is transferred to that county, the CM should provide assistance to the extent possible, and manually document the contacts and the action taken on the client's behalf.

2. Once the FA case has been transferred, the EW will send a notice to the CM. However, when notified of the pending transfer from any source, the CM should set an alert to frequently check the ZC52, Program Participation Inquiry, screen for a change in county codes. See part II in section 5 of Appendix B for access instructions.
3. Once the FA case has been transferred, reopen the JOBS case by going through the Menu to ZD09. If additional information from the originating county is needed, the CM should contact the originating county and request the information. However, do not delay the reopening of the case on FACETS pending receipt of the information. To open the JOBS case through ZD09:
 - a. From the WATS Master Menu (ZD01), enter Option 2 to access ZD02, WATS Assessment/Add Update Menu;
 - b. On ZD02, enter Option 02, Type Action “A”, the client’s SSN, and press <ENTER>;
 - c. Once ZD09 is accessed, enter the appropriate WATS Office and Caseload and press <ENTER>. The participation Status code will be RF on ZD21 and a W545 alert will be created to indicate that an initial assessment is due.
4. Based on the information from the originating county, FACETS screens, and the EW, the CM should take the following action:
 - a. If the client is non-compliant, change the “RF” Participation Status code to “NC” on ZD21, using the first day of the month in which the JOBS case is reopened as the Participation Status Date. The changing of the participation status code does **not** preclude the requirement for an assessment. Complete an assessment interview with the client (by telephone or face-to-face according to section 315) to discuss participation and the client’s current circumstances in the new county. The client will remain in “NC” status until the compliance ends according to Chapter 7. However, the CM must make every effort to assist the client in becoming compliant as soon as possible.
 - b. If the client is participating satisfactorily (including a client who is in the process of ending noncompliance by resuming participation) or deferred, reopen the case as stated above. Change the Participation Status code on ZD21 to the appropriate code, complete an assessment as described in this chapter to determine the client’s current circumstances and needs, and authorize supportive services. The assessment may be done by telephone IF performance standards were met in the originating county or, if deferred, the circumstances causing the deferral still exist. Refer to “A2a” above for actions regarding childcare arrangements, and if childcare will be provided through the CMA, send a referral to the CMA (using ZD24) to authorize the care in the receiving county according to section 610-D.
 - c. If “a” or “b does not apply, complete an initial assessment as described in section 315.

360 TERMINATION OF THE JOBS CASE

Generally, JOBS cases that are opened on FACETS as a result of an application for and/or receipt of FA should be terminated within three workdays of the date the CM learns of the FA denial or termination. In these instances, the effective date of the termination is the end of the month in which the 3rd workday falls, which is referred to below as the “current” month, assuming the termination is processed in a timely manner. However, because clients who are denied or terminated from FA may be eligible for certain JOBS case management and other supportive services through the SEA (Short-term Employment Aid) category, some cases must remain open for longer periods. If FA is denied and the client is employed or if FA is terminated (for any reason) and supportive services are requested and/or provided through SEA before the JOBS termination is processed, the JOBS case must remain open according to procedures stated below. The exception is when the case has to be denied/terminated for administrative reasons such as, but not limited to, when the client moves to another county or state.

A. FA Denials

Generally, the PA worker will open a JOBS case record on FACETS during the FA application interview and the CM will be notified of the approval or denial as stated in section 305-A2. Supportive services as described in sections 640 and/or 650-C must be provided to FA applicants who request and are determined to be eligible for such services. When the FA is denied on the Certification Subsystem of FACETS (ZC58), the CM will receive a WDNI alert. Take the action stated below within three workdays of learning of the FA denial. When appropriate, terminate the case according to part XII in section 2 of Appendix B.

1. If the client does not request a SEA service, is determined ineligible for the requested service, or the service has been requested and provided before the CM learns of the FA denial, terminate the JOBS case effective the end of the current month.
2. If the client requests or receives SEA services after the CM learns of the FA denial but before the CM takes the termination action, update ZD21 by changing the Participation Status code to “SS” and entering the current date as the Participation Status Date. Provide services according to section 650-C. The effective date of the case termination must be as stated below, unless termination is delayed due to the advance notice requirement in section 645.
 - a. If the client is determined ineligible for the service requested, the JOBS case must be closed effective the end of the month in which the CM determined ineligibility.
 - b. If the client is determined to be eligible or potentially eligible, the effective date of the termination of the JOBS case will be based on whether the service will be provided directly by the CM or through a referral to another resource.

- If the service will be provided through a resource referral (excluding a referral to the CMA for childcare), terminate the JOBS case effective the end of the month in which the client either receives the service, is determined ineligible for the service, or the client indicates s/he will no longer pursue eligibility for the service, whichever is earlier. To know whether or not the service has been provided or denied, the CM must maintain contact with the client and/or provider. The CM should use FACETS W900 series (worker-defined) alerts as indicators for when follow-up contacts should be made.
 - If the service requested is a referral to the Childcare Management Agency for childcare, make the referral as stated in section 650-B4 and terminate the case effective the end of the month in which the referral to the CMA is made.
 - If the service will be provided directly by the CM, provide the service according to the appropriate guidelines and leave the JOBS case record open until the end of the month in which all services end.
3. If the FA is denied, the client is not employed and the client expresses a need for services in order to participate in an activity described in Chapter 5, the client is eligible for services listed in section 650-C1a through 1k, if such services are available. The CM must provide the service directly or make a referral to other resource providers as appropriate. To receive emergency financial aid through SEA (listed in “1-l”), the client must be employed or have an offer of employment and meet the other requirements as stated in section 650-C. Referral to other resources is always appropriate when the CM cannot provide the service directly.
 4. When closing a JOBS case after a FA denial and the client’s Participation Status code is not “SS”, use “AD” as the closure reason code on ZD21, regardless of whether or not supportive services have been provided to the client. If the Participation Status is “SS”, use closure code “AT” or “AN”.

NOTE: If a JOBS case is not open on FACETS at the time of the request and/or eligibility determination for services, do not open the case on FACETS if only the services as described in sections 640 and/or 650 are to be provided. However, open a manual JOBS case record (if one does not exist) and document the services accordingly. At a minimum, documentation must include a description of the service provided, the dates the service was requested and provided, and the reason the service was or was not provided.

B. FA Terminations

In most instances, the CM will learn of the FA termination through receipt of the WTMZ alert resulting from the FA termination on the Certification Subsystem of FACETS (ZC58). However, the CM may also learn of the termination from other sources. When the CM learns that the FA case has been or will be terminated, the CM must contact the client (or make every possible effort to do so) as stated below. The purpose of the contact is to discuss with the client current services, other services for which the client may be eligible, including transitional benefits and, to the extent possible, help the client secure additional services. The JOBS Pamphlet, DHR Publication Series #06-3 describing these services should be discussed with and given or mailed to the client.

1. If the CM learns from the client that FA was or will be terminated, the CM must discuss potential eligibility for other services during that contact. During the contact, ascertain and document the reason for the termination of FA. If the client requests termination of the FA through the CM rather than the PA worker, notify the PA within three workdays of the request.
2. If the CM learns of the termination of FA from the WTMZ alert or a source other than the client, the CM must contact the client by telephone, if possible, or by mail within three workdays of learning of the termination. In either case, mail a copy of the JOBS Pamphlet to the client with a cover letter. The W245 alert should be used as a cover letter to mail the pamphlet. The client must be given at least 10 days to request JOBS supportive services in response to the W245 alert. If the client does not respond within the 10-day timeframe:
 - a. Terminate the JOBS case effective the end of the month in which the ten days expires.
 - b. If the supportive services are currently authorized, terminate supportive services according to section 645. Terminate the JOBS case effective the end of the month in which all authorizations of supportive services expire.
3. If the client elects to pursue eligibility for any service offered through the JOBS Program, the CM must offer help (to the extent possible) to the client in the pursuit. However, the JOBS case should remain open on FACETS as stated below only if services are requested and provided through SEA. The CM will either provide the service directly or make a referral(s) to the service provider(s). The offer of help, the client's response to the offer, referrals made, and services provided must be documented in the case record and, when appropriate, on FACETS. If the client chooses to pursue eligibility for SEA services and is potentially eligible before the CM takes the termination action, leave the JOBS case open as described below. Change the Participation Status code on ZD21 to SS and enter the current date as the Participation Status Date. When appropriate terminate the case according to part XII in section 2 of Appendix B.
 - a. If the services are to be provided directly by the CM, leave the case open until the end of the month in which all SEA services end (for any reason).

- b. If the services are to be provided by another service provider based on a referral from the CM, terminate the case effective the end of the month in which the client receives the service or the client indicates s/he will no longer pursue eligibility for the service, whichever is earlier. If the referral was to *VRS* for an *assessment*, contact the *VRS* counselor, discuss the JOBS case closure, and document whether the client will continue to receive services through *VRS* after the case is closed.
 - c. If the only service(s) the client chooses to pursue is Medicaid and/or food stamps, refer the client to the Medicaid Agency, and/or Food Stamp Office as appropriate. Terminate the case effective the end of the month in which eligibility for the service(s) has been determined and the client indicates the CM's assistance is no longer necessary or the client indicates s/he will no longer pursue receipt of the service, whichever is earlier.
 - d. If the client chooses to pursue eligibility for childcare services, determine if the client is potentially eligible for services through the local Childcare Management Agency (CMA) (transitional or otherwise) according to section 610. If so, refer the client to the CMA according to section 610-D or 650-B. If referred to the CMA, terminate the case effective the end of the month in which the childcare referral is sent to the CMA or the client indicates s/he will no longer pursue eligibility for the care, whichever is earlier, and assuming no other services are being provided.
4. Failure of the client to respond to notices or telephone calls from the CM will serve as an indicator that the CM's help is not needed. In such instances, terminate the case at the end of the month in which all JOBS services end.
 5. Before terminating the JOBS case, always review ZC52 to ensure the FA case has not been reopened or placed in pending status. There may be instances when a client will reapply for FA benefits before the JOBS case has been closed. If the client has reapplied for FA, do not close the JOBS case. Update WATS screens as appropriate and initiate assessment actions according to this chapter.
 6. If the Participation Status code is "SS" at the time of the termination of the JOBS case, use closure reason code "AT" or "AN" as appropriate.
 7. If the client is in noncompliance status (coded "NC" on ZD21) at the time of the closure of the JOBS case, refer to section 720-D.
 8. If services are requested after the case is terminated on FACETS, provide the services, if the client is eligible, but do not reopen the case on FACETS unless the client reapplies for FA and is approved or the termination was in error.

365 JOBS SUPERVISORY CASE REVIEW REQUIREMENTS

The JOBS Supervisory Case Review Process is designed for a systematic review of a sample of the casework performed in the JOBS Program. A primary use of the review findings for both state and county staff will be to gather information as to whether client specific resource needs are being identified and addressed through existing resources or the development of new resources. At the state level, the findings from the reviews will be used in conjunction with other measurements to identify and address training needs, evaluate and revise current JOBS policy, and as part of a process to monitor and evaluate overall program performance.

At the county level, the review findings will provide information that may be used for evaluating an individual case manager's strengths and weaknesses in engaging every client in an appropriate self-sufficiency activity. The process will also identify worker problems with specific policies and procedures, as well as trends and concentrations in the placement of clients in certain activities or participation statuses. Supervisors should then use the information for training, evaluating, and overall management purposes. The case managers (CM) may use these review findings to evaluate their own casework and performance.

The JOBS Supervisory Case Review Checklist, DHR-FAD-2095, and the JOBS Supervisory Review/Management Summary, DHR-FAD-2094, have been created for use in the review process, and are useful monitoring tools at both the county and state office level. In no instance should these findings be used as the sole factor for determining performance in the program.

A. Sample Requirements and Responsibilities

The review requirement is three cases per month for each active WATS and/or generic (WATS and Certification) caseload established on FACETS. All FACETS caseloads are subject to this review requirement, regardless of the reason for the caseload assignments and whether the caseload is assigned to a specific CM or supervisory unit. The only exception is for caseloads that are established on a temporary basis *or* consist of five or fewer cases. The monthly PSWJR106 report, generated on the last workday of each month, shows the number of caseloads and case records that must be reviewed **for** the following alert month.

NOTE: The supervisory review process may be suspended for every alert month in the second (January, February, March) and fourth (July, August, September) quarters of a fiscal year in which the county has five or fewer cases in each month of the quarter. A review is still required in at least one month of the first (October, November, December) and third (April, May, June) quarters of the fiscal year, regardless of caseload size. Cases for review should be selected according to current policy. Any caseload (with the exception of the one established on a temporary basis) with more than five cases in any month must be reviewed for that month.

Each JOBS unit supervisor is responsible for the review and action on the cases within each of the caseloads under his or her supervision, regardless of who supervises the CM. The Director, Program Manager, or Program Supervisor is responsible for designating supervisory staff to review cases in caseloads not assigned to a specific unit or CM. When

supervisors review case actions taken by CMs not currently assigned to their respective units, they must share their review findings with the individual CM's direct supervisor.

B. Selection of the JOBS Cases to be Reviewed

1. In preparation for pulling the sample of cases to be reviewed, the **alert lists** produced from screen ZE52 are to be used to randomly select cases for review. The alert lists for all active FACETS caseloads should be copied on the last workday of each month. The alerts should be pulled for the period beginning the first day of the following month through the last day of that month. The county supervisor or designee must hold the alert lists until the specified alert period ends and use the lists to pull the sample of cases to be reviewed. The alert actions should be taken by their due dates. The sample should be selected and the cases reviewed during the month following the month the alert actions were due.

Example: To select cases to be reviewed during October, the alert lists for actions due in September will be pulled the last workday of August.

2. On the first workday of the month during which the cases are to be reviewed (see above example), the supervisors should use the alert lists as stated below to randomly select the sample cases for each FACETS caseload. For supervisors with both PA and JOBS caseload responsibilities, if a sample must be pulled for PA purposes, pull that sample first. Any record reviewed according to PA requirements may be reviewed as one of the three required for that caseload for JOBS if the needs of the FA grantee are included in the FA grant. If the FA grantee is not included in the grant any other WEI in the household and included in the FA grant may be reviewed for JOBS Program purposes. For caseloads consisting of both WATS and Certification alerts, after pulling the PA sample and determining the number of that sample that may also be reviewed for JOBS, follow the steps listed below to get the remaining number for the caseload. When pulling the remaining number, consider only alerts that begin with a "W".

The number chosen in Step 3 below does not have to be the same for all supervisors within the county. If the alert list for any caseload contains less than three cases, including cases with two or more actions due in the same month, review all of the cases on the list. Use ZE84, WATS Caseload List, and the procedures described below to select the additional cases. The cases to be reviewed must be selected as follows:

Step 1. Count the number of alerts listed for the caseload.

Step 2. Divide the total number of alerts by the sample requirement of three cases to obtain a sample interval.

Step 3. To select the first case to be reviewed, choose a random number of 1 through 10. Begin with the first entry on the alert list and count down to the alert that corresponds to the number chosen. The case associated with that alert becomes the first case in the sample. The same number (random starting point) is to be used for selection of cases from all caseloads within the same review month. Use a different starting point each subsequent month.

Step 4. Beginning with the alert immediately following the one selected for the first case in Step 3, start counting at 1 and continue down the list until reaching the alert that corresponds to the interval number determined in Step 2. This alert provides the second case for the sample. Repeat the interval counts as stated above until the remainder of the case sample is selected.

3. The supervisor must write the numbers from steps 2 and 3 above on the alert (or caseload) lists that are used to pull the sample. The lists should be filed by month and year and maintained for a period of twelve months beyond the review month. **These files are to be made available to the JOBS Program Consultants upon request.**
4. **For KinShare:** Identify the KinShare cases on the alert lists. KinShare cases that are managed solely by the KinShare worker have a Referral Program code of “K” instead of “F” or “U”. These cases will be reviewed by the supervisor of the worker providing KinShare services following policy and procedures in the “KinShare” Policy Manual. If there is a joint JOBS/KinShare case, the case will have a “F” or “U” Referral Program code and should be reviewed according to these procedures. In such instances, the supervisor must communicate with the KinShare supervisor regarding the review findings. If the JOBS case is terminated, the Kinship Care case must be reviewed according to the Kinship review procedures.

C. Completion of Case Review

1. The review of the JOBS case record includes a review of all JOBS case management actions applicable to the time period covered by the review. The actions to be reviewed in each selected case begin with the first action performed *on the first day of* the 6th month *prior to* the review month. For cases that were opened for the first time in a month that is less than 6 months from the review month, begin the review with the month in which the first action should have been completed. The review period ends with the latest action that was taken or should have been taken on the case regardless of the reason the case was selected for review. If a case has been referred (in RF/RO status on ZD21), but has not been assessed by the time of the review, the supervisor should review the case to determine if the actions processed to date are correct.
2. The JOBS Supervisory Case Review Checklist, DHR-FAD-2095, should be used to document the results of the review. Instructions on how to complete the case review checklist are in Appendix A. After the recording of the review results on the checklist, the original copy will be attached to the case record for review by the case manager. If no errors are found during the review, the case manager will acknowledge the findings and return the review sheet to the supervisor. If errors are found, the case manager must take corrective action according to the supervisor’s instructions and return the case record, with the review sheet attached, to the supervisor.
3. The original DHR-FAD-2095, review checklist, should be accumulated to provide the information to be entered on the DHR-FAD-2094, JOBS Supervisory Review/Management Summary report.

D. Compilation and Reporting of Case Review Results

The DHR-FAD-2094, JOBS Supervisory Review/Management Summary, will be used to report the results of the supervisory reviews and a review of FACETS-generated management reports. The major focus of the report is on reoccurring errors and actions taken to correct or prevent these errors. Instructions on how to complete the DHR-FAD-2094 are in Appendix A. A copy of the DHR-FAD-2094 is to be sent (regular mail, email or fax) to the SDHR Family Assistance Division as stated in the instructions. A copy of the 2094 form along with a complete set of the 2095 forms must be sent (regular mail, email or fax) to the appropriate JOBS Program Consultant. All forms sent to state staff should be sent so that they are received by the due date provided in the instructions. One copy must be kept in the county files. The county's files are to be made available, upon request, to state and federal officials.

E. Case Review Requirements for JOBS Program Consultants

1. The JOBS Program Consultants will conduct a re-review. The re-review will be a review of cases reviewed by the JOBS supervisors or other county designee during the previous month(s). The consultants will review two cases per supervisor per quarter. The purpose of these reviews is to validate the accuracy of the supervisory review process. The Program Consultant's findings will become a part of the county's program performance evaluation.
2. The Program Consultants will randomly select a sample of cases reviewed by the county supervisors from the alert lists and DHR-FAD-2095 forms originally used by the county supervisors to pull the monthly sample. Procedures similar to those used by the county supervisory staff will be used to complete the case reviews, including the use of the DHR-FAD-2095 forms. The consultant may review other cases as a part of the routine field visit process or upon request of county staff. These cases will not be considered a part of the required sample, but may be used as a part of the county's program performance evaluation if the cases in the sample do not provide sufficient information for evaluation purposes.

370 COUNTY CORRECTIVE ACTION REQUIREMENTS

Counties should take corrective action measures immediately after learning that the work participation rate was below 50% for any given month; however, counties that have a federal work participation rate of less than 50% for two consecutive months are required to take the corrective action measures as stated in this section. The corrective action process consists of three parts: the compilation and evaluation of statistical data, development of a corrective action plan, and a review of the county's progress in meeting the goals stated in the plan. Each part of the process must be documented and submitted to the Family Assistance Division. The Corrective Action Plan, County Statistical Profile and Corrective Action Progress Report documents must be used for this purpose. A copy of each document and the instructions for their completion are in Appendix A on iDHR.

A. Corrective Action Process

1. If the county's adjusted participation rate is below 50% for two consecutive months, the county must complete a County Statistical Profile and Corrective Action Plan. Use the PSWJB078 report to determine the estimated work participation rate for each month. The rate stated on the 78 report must then be adjusted as stated in the instructions for completion of the County Statistical Profile. Contact the appropriate JOBS Program Consultant if assistance is needed. Submit both documents to the Family Assistance Division and the JOBS Program Consultant by the end of the month following the month in which the county receives notice that the adjusted participation rate has been below 50% for two consecutive months.

Example: The adjusted participation rate for the month of December is 46% based on the 78 report received in January. The adjusted rate for January is 48% based on the 78 report received in February. The County Statistical Profile and Corrective Action Plan documents must be completed and received in the Family Assistance Division by the last workday in March.

2. The plan will be reviewed and approved, pended or denied by the Family Assistance Division based on its feasibility, adherence to the guidelines, and the recommendations of the county JOBS Program Consultant. The county will be sent written notification of the approval or denial. No further action is required by the county until this notification is received.
 - a. If the plan is approved, the actions stated in the plan should be implemented immediately after being notified that the plan has been approved, but must be implemented no later than the first workday of the month following the month of the notification.

- b. If the plan is pended or denied, the reason will be stated in the notification. The plan must be revised with the assistance of the JOBS Program Consultant and re-submitted within 15 days from the date of the pended/denial notice. The plan must be re-submitted until it is approved, the county's participation rate increases to 50% or above for two consecutive months, or the county is notified by the Family Assistance Division that the plan is no longer required, whichever is earlier.
3. After the county's corrective action plan has been approved, a Corrective Action Progress Report, along with a County Statistical Profile, must be submitted to the Family Assistance Division and the JOBS Program Consultant for each quarter. The first quarter begins with the month following the month the county is notified that the plan is approved. Therefore the first profile and progress report must be received by the last workday of the month following the end of the quarter. The profile must contain data for the last month in the quarter for which progress is reported.

Example: Refer to the example in "1" above. If the corrective action plan is approved and the county is notified of the approval in April, the first quarter begins in May and the first profile and progress report will be due by the last workday of August. Data on the profile will be for the month of July.

B. Developing and Implementing Corrective Action Plans

The ultimate goal of the corrective action plan is to develop and implement a course of action that will increase the county's participation rate to at least 50% and keep the rate at or above 50%. To reach this goal, the actions taken must be in areas that in some way contribute to the counties' ability to increase the number of clients who are employed and/or participating in countable work activities for the required number of hours per week. There are several areas of case management that affect the county's ability to do this. For this reason, these areas are specified on the Corrective Action Plan document and counties are provided with guidelines that specify how these areas should be considered in developing the corrective action plan. Refer to the Corrective Action Plan and the instructions for its completion in Appendix A.

1. The JOBS Program Consultant will assist counties with the development and revision of corrective action plans. In addition, corrective actions stated in the plan will be monitored by the JOBS Program Consultant based on the information provided in the profile and progress report.
 - a. Counties must demonstrate to the consultant that the actions indicated in the plan are implemented and that through the implementation of the corrective actions the county is making progress toward increasing the participation rate.
 - b. The county will be considered to be making progress if its participation rate increases and/or if the consultant determines that case actions are taken timely and correctly, non-participation is followed up on quickly, good cause is determined appropriately, and clients are correctly referred and penalized for noncompliance.

2. For each quarter that the county is under corrective action, there should be some progress made toward increasing the participation rate, except as stated in “3” below. While progress in some areas may not increase the rate immediately, once sufficient progress is made and maintained in all areas, there should be at least a small increase in the participation rate by the end (third month) of the second quarter. Therefore, if the county’s rate remains below 50% for each month in a six consecutive month period (two consecutive quarters) after implementation of its plan and the exception in “3” below did not apply to any two months in the six month period, the original plan must be re-evaluated and a revised corrective action plan must be submitted along with the profile for the last month in the second quarter. A progress report is not required at this point as any progress made should be reflected in the revised plan.

Example: Corrective action initiated in May. The adjusted rates for May, June and July were below 50% each month and the exception in “3” below did not apply to any month. First profile and progress report submitted August 25th. The adjusted rates for August, September, and October were also below 50% each month and the exception in “3” below did not apply to any month. Since the rate was below 50% for each month in the first two quarters and the exception in “3” below did not apply to any two months, a revised corrective action plan must be submitted by the last workday of October, along with the profile.

3. There may be instances when taking corrective action does not increase the participation rate because over 50% of the county’s caseload must be deferred due to disability and/or domestic violence issues. If the county has documented and can provide evidence to the JOBS Program Consultant that one or both of these is the sole reason for the rate being below 50% for any one of the two consecutive months that ordinarily would require an initial corrective action plan or any two of the six consecutive months that would ordinarily require a revised corrective action plan, an initial or revised corrective action plan will not be required. Evidence must be provided to the consultant by the last workday of the month(s) in which the county is notified of its participation rate for the month(s) in question.

Example 1: Refer to the example in “A1” above. The participation rate was below 50% for December and January. On 2/25, the county provides evidence to the consultant that for the month of January 40% of its clients were determined by the ITE Counselor to be unable to participate because of a disability and 20% of its clients were determined by the SAIL specialist to be unable to participate because they were in imminent danger of domestic violence. January would not be considered in the two consecutive months count. Therefore, the county would not be required to complete an initial corrective action plan in March, even though the rate was below 50% for two consecutive months. However, if the rate is below 50% for any other reason in February and March, a plan would be required by the last workday of April.

Example 2: Refer to the example in “B2” above. Evidence was provided to the consultant that 52% of the caseload was unable to participate in July and 50% in October because of domestic violence and disability issues. A revised plan would not be required in November when the profile and progress reports are submitted. However, if the rate does not increase to or above 50% for any other reason in the next two quarters, a plan would be required by the last workday of March of the next year (the month following the last month in the second quarter).

CHAPTER FOUR

SPECIAL PROJECTS

400 OVERVIEW

A. Chapter Introduction

There are various psychological and social skills needs a client may have that indirectly affect her or his ability to become and remain financially self-sufficient. Some of these needs cannot be addressed through placement in regular work activities found in Chapter 5 or through the provision of supportive services found in Chapter 6. Because of their psychosocial nature, these needs and their affect on work participation may not be easily identified and/or met. Furthermore, the ability to address the root of the problems caused by these needs will sometimes be beyond the CM's areas of expertise. Therefore, the role of the CM in addressing these needs is as a facilitator. As such the CM will assist the client in recognizing/identifying the need, locating and accessing help from professionals (individuals or organizations) trained in providing services in the area of need, and providing supportive services the client needs to get the necessary help.

The need for these services and provisions for aiding the client in accessing them are discussed in this chapter. These services are collectively referred to as work enhancement services and are designed to help the client deal with the psychological, physical, and mental health problems that affect the client's ability to financially support herself/himself and family. The main objective for providing these services is to assist the client in eliminating these problems as they relate to getting and/or keeping a job. However, since financial self-sufficiency through employment may not be possible for all clients, services should also be given to help clients get the financial support they need through other entitlement programs, such as social security, SSI, or other disability benefits.

The services may be provided through referral to another agency or individual or the CM may provide the services directly as appropriate. The outcomes of these services are dependent upon the client's willingness to participate. Therefore participation in and acceptance of such services are **voluntary**. None of these services count toward meeting the federal work participation rate, except counseling services that are incorporated in job readiness activities as stated in section 515-B2. A client who is receiving a service in this category may receive supportive services according to Chapter 6.

B. Work Enhancement Services (Counseling):

Mental Health	Alcohol/Drug Addiction	Domestic Violence
Money Management	Home Maintenance	Nutrition
Family Planning	Mentoring	Job Retention
Career Planning	Family Coaches	Kinship Care

405 MENTORS

- A. A JOBS mentor serves as a friend and advisor to unemployed, underemployed, or under-educated current or former FA recipients who are making the transition from dependency to self-sufficiency through participation in the JOBS Program.
- B. The mentor commits time and effort in developing a supportive relationship with the JOBS client. The mentor is a role model and a link to the community for the client. Many JOBS clients have little, if any, support network and will benefit from having a mentor to assist them in making the transition.
- C. Refer to Chapter 9, section 915, for details about recruiting, screening, training and matching mentors with JOBS clients.

410 COUNSELING AND FAMILY PLANNING

A. Counseling (General)

1. Counseling (other than alcohol, drug, mental health, and family planning) may be needed by a client to help her/him attain or retain employment or take full advantage of the education and training opportunities available through JOBS activities. This counseling may be provided individually or in a group setting, by either the CM, the community resource worker, volunteers, or other providers.
2. Counseling provided by the CM should address employment-related barriers that affect participation in JOBS activities. In some situations, it may be necessary to call on staff of the Family Services Unit for assistance with other problems.
3. The CM should provide counseling or make a referral to the appropriate resource as needed in the areas listed below. This list is intended as a general guideline only. See section 650-C1 also.
 - a. budgeting;
 - b. consumer education;
 - c. maintenance and care of the home;
 - d. nutrition;
 - e. earned income tax credit and other work credits;
 - f. job retention and advancement services/assistance;
 - g. setting priorities; or
 - h. other areas relating to family life.

B. Family Planning

1. Family planning, provided as an information and referral service, is an important part of the Department's mission of helping dependent individuals and families become self-sufficient. The Department is responsible for making the appropriate clients aware of family planning resources and making referrals to agencies which provide family planning services. However, participation in family planning is strictly voluntary.
2. The role of the County Department is to help clients understand the relationship between family planning and opportunities for employment and economic security, and the benefits the service can have if provided by qualified medical personnel.

3. The CM should initiate the subject of family planning with a client during assessment and on other occasions, as appropriate.
 - a. The CM should never recommend or suggest a particular birth control method. This is a medical determination and not a decision to be made by the County Department. The CM should not attempt to explain how various methods work.
 - b. Clients should be referred to available health care providers that can offer information about specific birth control methods.
 - c. Clients should be provided a copy of the pamphlet, “Your Future...Your Choice.”
 - d. The CM should not discuss abortion.
 - e. The CM is responsible for helping the individual understand that her/his eligibility for FA or other services provided by the Department is not dependent on acceptance or use of family planning services, and therefore no sanction will be imposed if the client declines the service.
 - f. The CM should remain objective and recognize the right of clients to make their own decisions.
4. Information regarding family planning should be offered, as appropriate, to all clients who are of child-bearing age, including, but not limited to, recipients of FA and adolescents in the custody of the Department.
5. Family planning services are available through:
 - a. each county health department. (The cost of the service is based on an individual’s ability to pay as determined by a sliding fee scale.); or
 - b. private physicians and family planning clinics.
6. The cost of family planning services is covered under medicaid.
 - a. Contraceptive methods covered by medicaid include natural family planning, foam, jellies, birth control pills, IUD’s, diaphragms, injections, condoms, and implants.
 - b. Services also include initial and annual exams which include family planning counseling. The service may be provided by a private physician, county health department, nurse midwife, or other legitimate health care providers. Family planning visits do not count against the doctor visit limits for individuals, and no co-payment is required.
 - c. With some exceptions, medicaid will pay for tubal ligations for women and vasectomies for men age 21 and older. Consent forms must be signed at least 30 days prior to the service. For this service, the individual will need to contact their physician, nurse midwife, county health department, or family planning clinic.

415 EDUCATIONAL SERVICES

Some clients may not be able to attain or retain a job because of their need for additional academic education. Most of the better-paying jobs require education at the high school level. Where possible, clients should be referred for academic education in addition to a work activity such as CEMP.

A. Literacy, English as a Second Language, and Basic Skills Education.

1. Clients should be referred to literacy, English as a Second Language (ESL), and other basic skill education programs **in addition to** a work activity or other work enhancement service as appropriate. See section 525-C1 for information regarding when these activities may be countable as non-core work activities. Clients 18 or older may be assigned to participate in a literacy, ESL, or other basic skills education program **instead** of a work activity described in Chapter 5 **only** if all work activities, including Community Employment Service, have been determined to be unavailable or inappropriate. The following restrictions apply:
 - a. the client must accept suitable employment if it becomes available;
 - b. the activity should be for at least 20 hours per week if at all possible;
 - c. the client must participate satisfactorily;
 - d. the client or provider must report progress monthly;
 - e. the client must participate in an otherwise required work activity if one becomes available; and
 - f. the activity is limited to a maximum of six months, unless, in the judgment of the instructor, the client has made substantial progress and the CM obtains concurrence from the JOBS Program Consultant. If the client has made such progress and the Program Consultant concurs, the client may be placed in the activity for an additional six months.
2. Documentation of a client's limited English proficiency (LEP) must be documented in the case record in narrative form and on the FACETS Language screen, ZD28.
3. If the client fails or refuses without good cause to participate or make satisfactory progress, s/he will no longer receive supportive services for the participation and s/he must be assigned to an appropriate work activity. If the client's competency is questionable, additional testing and/or referral to the VRS counselor or another program should be considered.

B. Uncountable Post Secondary Education

Post-secondary activities are countable toward meeting the work participation rate as vocational education training (VOCT) according to section 525-A or as jobs skills training (JSTR) according to section 525-B. If a post-secondary activity is not countable under either of these two sections, the policy below is applicable.

1. Post Secondary Education includes any educational activity higher than a high school diploma or GED.
2. A client may, on his or her own initiative, choose to participate in an uncountable post secondary educational activity, for example, a two- or four-year college academic program, in addition to the required number of hours in countable work activities described in Chapter 5. It must be explained to the client that approval of uncountable post secondary activity as part of the FRP will be given only if suitable employment or other appropriate and countable JOBS work activities are not available. Therefore, approval may end prior to completion of a course or attaining a certificate/degree as s/he will be required to accept any offer of suitable employment.
3. A client participating in an approved uncountable post secondary education is required to participate satisfactorily in the activity in order to be eligible to receive supportive services.
4. As a general rule, participation in uncountable post secondary education should never interfere with a client's participation in a countable work activity as described in Chapter 5. The CM may allow a client who is engaged in uncountable post secondary education at the time of the initial assessment to continue in the activity to the exclusion of participation in a countable work activity, provided:
 - a. the client participates satisfactorily in the activity;
 - b. the client is expected to complete the activity within a reasonable period of time, usually within a 12-month period;
 - c. the CM determines that the program in which the client is enrolled is likely to lead to full-time employment upon completion; and,
 - d. the activity does not interfere with the client's ability to meet the required level of participation at the point the client has received FA for 24 months, whether or not consecutive.

420 Alcohol/Substance Abuse and Mental Health Counseling /Treatment

Drug/Alcohol/Mental Health Counseling

A client's participation in this type of counseling and/or treatment activities is not countable toward meeting the work participation rate, except as stated in section 515-B2. However, the policy below is applicable regardless of whether the activity is countable or uncountable.

- A. Clients with substance addiction or mental health problems that prevent the client from engaging in suitable employment or other countable work activities should be placed in counseling or other available treatment programs as appropriate. Such counseling/treatment is appropriate for clients who have had problems in attaining or retaining employment or participating in employment-related activities due to substance addiction or mental health problems. The problem must have been evidenced by past, current, or prospective employers (including failure of employer-mandated drug testing), a licensed physician, substance abuse or mental health counselor, or declaration by the client. The evidence must be documented in the case record.
- B. Clients who have evidenced the possibility of alcohol/drug addiction and/or mental health problems, refused counseling/treatment, and have a history of noncompliance or inability to get or keep a job should be evaluated according to section 315-D as soon as the problem is evidenced. The evaluation process must include substance abuse and mental health professionals.
- C. It is the county's JOBS unit's responsibility to develop resources to address substance addiction and mental health problems. It is the CM's responsibility to refer such clients to the appropriate agency for assistance. When possible and practical, counseling should be authorized in addition to other work activities. However, as deemed appropriate by the CM and based on individual circumstances, counseling may be authorized as the only JOBS activity.
 1. If the client refuses to attend counseling/treatment, s/he must not be referred to PA for a penalty against the FA. Discuss the reason(s) for the refusal with the client and offer assistance to the extent possible with removal of barriers.
 - a. If, based on the discussion with the client and previous actions or non-actions of the client, the CM suspects that the client has a mental condition that makes her/him incapable of seeking and/or accepting counseling/treatment, the CM should determine if her/his suspicion is correct. This may be accomplished through collaboration with other professionals who have worked with the client as stated below. Document, in the case record, the action, non-action, and/or discussion with the client that forms the basis for the suspicion and the actions taken to make the determination.

- In many instances, such clients will have provided medical evidence either to JOBS staff or to the PA worker that identifies medical/mental health problems. Consult with the PA worker regarding medical evidence and refer the client to the VRS counselor for *services* according to section 315-E. Provide a copy of any medical information to the VRS counselor.
 - If the VRS counselor is unable to assess the client's circumstances for any reason, the CM should confer with a trained professional who has or is currently working with the client and is in a position to reasonably know about the client's state of mind. A written statement by a substance abuse or mental health counselor that the nature of the dependency/problem interferes with the client's ability to seek and/or comply with a counseling/treatment program and/or work activity is preferred. However, if the client has not been diagnosed as having such a problem and refuses to get a professional diagnosis, a statement (oral or written) from another professional in the field of social services, such as a DHR director, supervisor, or social service worker, is acceptable. Such a statement is considered a statement of concurrence.
 - The statement of concurrence must be documented. The documentation must include the name and position of the concurring individual, the basis of the concurring individual's assessment of the client's abilities to participate, and the date the statement was given to the CM. Client participation may then be delayed (with a participation status of "LL" on ZD21) based on the concurrence of opinion by the two professionals.
- b. If, based on the discussion with the client and the client's past actions or in-actions, the CM determines that the client is capable of seeking and accepting counseling, but has chosen without good cause not to do so, no further action regarding counseling activities is necessary. The client must participate in a work activity. Take action to place the client in a work activity as appropriate.
- If the client is assigned to a work activity and fails to participate as required, determine whether or not s/he had good cause for the failure according to section 705. Good cause may not be granted if the reason for the failure is due to alcohol/drug addition or mental health problems and the client has refused counseling/treatment without good cause. This includes situations as stated in "a" above where the CM suspects the client refused counseling because s/he is incapable of seeking/accepting counseling, but was unable to support the suspicion. In either situation, the CM must encourage the client to seek counseling.
 - If the CM determines that good cause does not exist, the client is considered non-compliant. Refer the client to the EW for a penalty against the FA according to section 710-F. Once determined non-compliant without good cause, the noncompliance will be ended as follows:

If the client contends that the failure is due to a substance abuse or mental health problem and the CM agrees, encourage and assist the client in getting the counseling. The noncompliance will be ended (but not rescinded) when the client agrees to and follows through with a counseling/treatment program for 14 calendar days or the length of the counseling/treatment program, whichever is earlier. If the client participates as stated, the effective date for the end of the noncompliance is the date the client agreed to seek the counseling.

If the CM determines the failure is due to any other reason, the noncompliance ends according to section 715.

2. If the client agrees to and is subsequently assigned to counseling/treatment, s/he is expected to participate satisfactorily and make satisfactory progress in the activity, and may receive supportive services. Counseling may be approved as a JOBS activity, regardless of whether or not the client is in noncompliance status. (See section 725.) If the client needs childcare services to participate in the counseling/treatment, it must be authorized and paid by the CM according to section 610-B.
 - a. If the client is assigned to counseling or treatment as the only JOBS activity and fails to comply, the CM must determine the reason for the failure.
 - If the client failed to appear for the initial counseling/treatment interview, contact the client to determine the reason for the failure and address any barriers accordingly. If the client has changed her/his mind about the counseling and the CM is unable to convince the client to accept the counseling, place the client in a work activity.
 - If the client appears for the initial counseling/treatment interview, but becomes non-compliant any time thereafter, determine if the client had good cause for the failure. In making the good cause determination, the CM must consult with the provider about the client's reason for noncompliance. Refer the client to the EW for a penalty against the FA only if the provider of the service confirms in writing that the client is capable of compliance, but has chosen without good cause not to comply. If the provider does not make such a statement in writing, the client must not be referred to the EW for a penalty against the FA. However, if the client is not participating as assigned, supportive services for the counseling/treatment must be terminated, regardless of the reason for the non-participation.

- b. If the client is participating in counseling/treatment in addition to a work activity and is participating satisfactorily in the work activity, but is non-compliant in the counseling/treatment activity, the CM must determine the reason for the noncompliance. If the noncompliance is due to barriers that can be removed through either JOBS supportive, work enhancement or other case management services, the CM must provide these services according to JOBS policy and procedures. Do not refer to the EW for a penalty against the FA, even if there is a statement from the provider stating the client is capable of compliance and has chosen without good cause not to do so. Refer to “1b” above if the client does not participate satisfactorily in the work activity.

- c. If the CM is unable to find an appropriate JOBS activity for the client and the client is not in noncompliance status (NC on ZD21), the CM may place the client in delayed participation status (LL) with a status reason code of “LA”. Refer to section 330 for other actions required when a client is placed in delayed participation status.

One of the major barriers to welfare independence is related to domestic violence issues. In an effort to assist low-income families who are faced with such problems to the point that financial support through employment or child support is precluded, the Department has entered into a contract with the Alabama Coalition Against Domestic Violence (ACADV). The ACADV will provide domestic violence professional assessment, intervention, counseling and other services to these families through the Special Assessment, Intervention, and Liaison (SAIL) Project as described in this section. Services provided through SAIL are in addition to other services described in this chapter and Chapter 6. Participation in the SAIL Project is considered as participation in a JOBS work enhancement activity and **is strictly voluntary**. A client may not be penalized for failing to participate in the SAIL Project.

A. Eligibility Requirements

An individual may qualify to receive services through the SAIL Project if s/he meets all of the following requirements:

1. The individual must volunteer for participation and be willing to have her/his circumstances assessed by the SAIL agency.
2. The individual must be determined to be a current or past victim of domestic violence by the SAIL specialist;
3. Income available to the individual must be less than or equal to 200% of the federal poverty level. The specialist will determine whether or not the income is available to the individual. Only the income that the individual has on hand and/or is available to her/him from the point of the disclosure of the circumstances to the SAIL specialist will be considered as available. The income will be considered unavailable to the individual if s/he does not have access to it or if s/he has access, but accessing the income would pose a threat to the safety of the individual or other family members. Recipients of Family Assistance, Medicaid for Low Income Families, and/or Food Stamps automatically meet the income eligibility requirement;
4. The individual must be a member of a family that includes a minor child under the age of 18 or age 18 and in school;
5. The individual must apply for Food Assistance (FS) with DHR, unless s/he is already a Food Assistance recipient **or** the SAIL specialist determines that applying for FS will create a safety risk to the individual or her/his family; and
6. The individual must sign a release of information form with the local domestic violence specialist to allow the sharing of information reported by the client or otherwise obtained by the specialist that potentially affects the client's eligibility for benefits and/or other services provided to the client by DHR.

B. SAIL Project General Guidelines

1. **SAIL Project Operation Plan:** A plan that includes implementation and the on-going operation of the Project for county-specific services will be developed by the SAIL Consultant serving each area, the County DHR, and the domestic violence shelter serving the county. Prior to the date set for the operation plan meeting, the JOBS Program Consultant for the specific county DHR will be informed of the date of the meeting for purposes of county consultation and attendance at the meeting as deemed necessary. Each SAIL Project Operation Plan will specify:
 - a. The location at which the specialist will be housed.
 - b. The hours (if any) and location of in-county services provided by the specialist.
 - c. The method by which referrals will be routed to the specialist, including emergency contact numbers and procedures.
 - d. The persons assigned to be liaisons to the project from the shelter and from the County DHR.
 - e. Plans for scheduling the dates, times and locations of on-going coordination meetings between the specialist, County DHR, the JOBS Program Consultant, the SAIL Consultant, and the domestic violence shelter serving the county.
2. **Entry into the SAIL Project:** PA, JOBS, and other clients served by DHR who volunteer to receive help with domestic violence issues will be referred to the SAIL Project, unless the client objects to being referred. Domestic violence shelter staff will also make referrals to the Project.

NOTE: A FA recipient does not have to participate in the SAIL Project to receive domestic violence services through the JOBS Program. If a FA recipient requests help with domestic violence issues, but does not wish to participate in the SAIL Project, the CM will coordinate and authorize delivery of all domestic violence services. The CM will determine if the client is a victim based on the verification criteria stated in section 305 and assist the client in getting the counseling and other supportive services as necessary.

- a. All referrals must be made using the DHR-FAD-2080 or 2081 form.
- b. Within 5 workdays of receipt of the referral form the specialist must take the following actions:
 - Record the date the referral form (2080 or 2081) is received in the narrative of the SAIL case record.
 - Contact the client. The purpose of this contact with the client is to (1) determine if the client is in imminent danger; (2) determine if the client is eligible and

willing to participate in the Project; and (3) to schedule or conduct an assessment interview. When possible, all three actions should be accomplished in the initial contact. If contact is not possible within the 5-day period the referral source must be notified.

- The SAIL specialist must also complete the SAIL Project Eligibility Form, DHR-FAD-2096, with each client referred, regardless of the referral source. If the form cannot be completed within the 5-day period it must be completed no later than the first contact with the client thereafter.

The CM and the SAIL specialist should note that eligibility for participation in the SAIL Project does not automatically **entitle** the client to DVAS or other JOBS supportive services. A separate determination must be made by the specialist or CM based on the client's individual needs and circumstances.

- The specialist must notify the referral source (DHR worker) of the results of the attempts to contact the client and whether the client is in imminent danger. This notification is to be done through completion of the 2080 or 2081 form as appropriate.
- Set up a SAIL case record, if one does not exist, according to "5" below and other standards set by ACADV.

3. **DV Assessment and Development of the SOS Plan:** Individuals who are referred to the SAIL Project will be assessed by a SAIL specialist within 30 days of receipt of the referral. The assessment will be a thorough evaluation of the domestic violence issues faced by the client and/or her/his children, and the effect of the DV on the client's ability to become and/or remain financially self-sufficient. Once the specialist has determined that the individual is a victim of domestic violence, s/he will work with the individual and the CM (or other DHR staff) to resolve domestic violence issues and supportive service needs.

The specialist will develop a plan (similar to the IJP) for all SAIL participants. The plan must outline the activities in which the client will engage to ensure her/his safety and financial self-sufficiency and the supportive services necessary to fulfill the plan. The plan is called the SOS (Securing Our Safety and Self-sufficiency) Plan. A copy of the SOS Plan is in Appendix A.

- a. If the SAIL participant is a FA recipient, the SOS Plan will be in addition to and consistent with the client's IJP and IPE plans. The CM will participate in the development and updating of the SOS Plan for all SAIL participants who are FA recipients and maintain a copy of the SOS Plan attached to the IJP in the JOBS case record. The CM's role in the development of the SOS Plan will be to take the lead in assisting the client and specialist in deciding which JOBS activity is appropriate for the client and in keeping the focus on the client's self-sufficiency needs in determining which supportive services will be provided through the JOBS Program.
 - b. If the SAIL participant is not a FA recipient, the CM will participate in the development of the SOS Plan when requested by the SAIL specialist.
 - c. The SAIL specialist will take the lead in assisting the client in safety planning and handling of issues related directly to the domestic violence, regardless of whether the participant is a FA recipient. However, all actions for FA recipients must be coordinated with the CM.
 - d. The SOS Plan will be updated as often as necessary, but at least monthly. The updates will include the overall plan for financial self-sufficiency and the specific services provided to the client during the previous month as well as services and needs to be addressed during the current month.
4. **JOBS Supportive Services:** Refer to section 640. If otherwise eligible, the client may receive all supportive services offered through the JOBS Program, including SEA (Short-term Employment Aid) as stated in section 650-C, and work enhancement services stated in this chapter. If the client is not a FA recipient, all services will be provided on a short-term basis as stated in section 640.
- a. The CM will determine eligibility for and authorize payment or reimbursement of all supportive services other than DVAS for which the client is eligible according to this chapter and Chapter 6. Payment for such services will be made either through FACETS or Welfare Reform (Initiative) Funds as appropriate.
 - b. The SAIL specialist will determine eligibility for and authorize payment or reimbursement of all domestic violence alternative services (DVAS) based on the guidelines stated in section 640. Payment for such services will be made only with the approval of the SAIL Project Executive Director and/or her designee.

5. **SAIL Project Record Keeping and Reporting:** The contents of the SAIL record must be kept confidential and may not be released to anyone without the written consent of the client and/or the State DHR as specified in the contract between the State DHR and the Alabama Coalition Against Domestic Violence (ACADV). The release of information necessary to secure services through DHR or other resource agencies or to report changes on the client's behalf to such agencies is permissible with a release form signed by the client. SAIL case records are not to be accessed by county DHR staff. However, unrestricted access to the SAIL case record and its contents must be provided as requested and determined appropriate by federal and state DHR program staff. Contents of the SAIL case record will include at a minimum:
- a. Appropriate referral forms and the DHR-FAD-2096 eligibility forms.
 - b. Date the client was referred and the referral source.
 - c. Date(s) initial contact was attempted and made with the client.
 - d. Means and dates of each attempt to contact the client after receipt of a referral.
 - e. Documentation that the voluntary nature of the services has been discussed with the client and the client understands the voluntary nature of the services.
 - f. Participant consent and other release of information forms.
 - g. Description of services provided directly to the client and the dates each was provided.
 - h. Date an item or service was purchased for a specific client, the amount, purpose, and source.
 - i. Documentation of attempts to locate other resources or supportive services before requesting authorization to use funds from DHR, including the name of the resources contacted, dates of the contacts, and the results.
 - j. Case closure form containing date and reason. (Copy of form in Appendix A).
6. **Termination of SAIL Services:** The client may terminate services at any time. Termination by the SAIL specialist is made at the recommendation of the specialist after consultation with and concurrence of the county DHR staff working with the client. All terminations not requested by the client or the county DHR must be approved by the specialist's immediate supervisor and the SAIL Consultant assigned to the county. Reasons for termination of services include, but are not limited to:
- a. Four no-shows for appointments.
 - b. No contact with the client or no services provided for 30 days.

- c. Client chose not to sign the SOS Plan.
- d. Client chose not to change SOS plan when circumstances changed.
- e. Client chose not to follow through on SOS Plan and no other alternative plan is possible.
- f. Client chose not to sign a release form.
- g. Client has moved out of the state.
- h. Client does not want services.
- i. Services no longer needed.
- j. Case plan completed.
- k. Case transferred to another service area.

C. General Roles and Responsibilities of the SAIL Specialist

The role of the SAIL specialist will vary depending on whether the SAIL participant is a FA recipient, *Vocational Rehabilitation Services (VRS)* participant, or other DHR program client. If the participant is a FA recipient or other JOBS client, all activities must be coordinated with the JOBS CM. If the participant is a *VRS* participant, the SAIL specialist must collaborate with the *VRS* counselor and the JOBS CM in regard to appropriate work and training activities and supportive services/accommodation needs. The JOBS CM will have the final authority as to the client's participation in JOBS activities as well as the client's eligibility for JOBS supportive services other than DVAS.

If the victim is a DHR Family Services or Adult Protective Services client, the development of the SOS Plan and authorization of all supportive services must be coordinated with the DHR Family Services or Adult Protective Services caseworker, including services to a victim who is a foster care parent approved by DHR.

In addition to an assessment of domestic violence issues and the development of a SOS Plan, the SAIL specialist will also provide, manage, or assist in the provision of the services as stated below.

1. Determine the extent to which domestic violence is a factor in the client's life and the effect of the violence on the client's efforts to become financially self-sufficient through participation in other JOBS activities. In making this determination, the specialist will determine the history of violence and previous help-seeking efforts and the current risk of harm faced by the client and/or her/his children.
2. Determine (in collaboration with the JOBS CM, *VRS* counselor, and/or other DHR staff as specified in this section and section 640) the services needed to address and resolve safety and other domestic violence issues and financial self-sufficiency;

3. Determine accessibility to income and resources not only to determine eligibility for participation in the Project, but also to assist the client with planning future actions;
4. Advocate for the client with other service providers;
5. Monitor the client's on-going needs for safety services, including safety assessment and planning;
6. Provide court advocacy services, including non-legal support during criminal and civil cases and advocacy with court personnel and prosecutors;
7. Assist in obtaining and enforcing civil protection orders;
8. Assist in obtaining legal representation;
9. Provide and/or coordinate individual and group counseling and/or peer support, including children's support group services;
10. Assist and coordinate emergency shelter and/or permanent housing for the client;
11. Assist in obtaining Crime Victims Compensation awards;
12. Develop and coordinate resources as appropriate;
13. Educate the public and community on the nature of domestic violence, especially to employers; and
14. Assist in meeting other needs related to domestic violence, such as SSN and/or name change, etc.
15. Require and assist the client in applying for Food Assistance through DHR, unless doing so creates a safety risk for the participant or her/his family. If the specialist determines that applying for Food Assistance will create a safety risk, the specialist should notify JOBS. The notification must include the participant's name, SSN and date of birth. JOBS staff must report the information to the JOBS Policy/Automation Help Desk using the established help desk protocol.

D. Monitoring Responsibilities

1. The SAIL specialist will monitor the client's ability to access referred services and, if barriers exist, will assist the client in overcoming those barriers.
2. Monitoring of the overall compliance with client's self-sufficiency and/or Family Service plan will be the responsibility of the JOBS case manager and/or Family Services caseworker.

3. The SAIL Consultants will monitor the assessment, safety planning, referral, and case planning activities of the specialists in her/his assigned counties and will recommend changes and/or corrective action as appropriate to DHR, the domestic violence program employing the specialist, the project management staff, or the ACADV.
4. The JOBS Program Consultant will monitor the self-sufficiency and work participation activities of the county DHR staff in her/his assigned counties, and will recommend changes and/or corrective action to the county and/or state DHR as appropriate.
5. State DHR will monitor the compliance with the contract.

E. Confidentiality of Information in DHR Case Records

Information regarding domestic violence victims must be kept confidential. Because of the potential life-threatening consequences to the victim if information is disclosed, the client's circumstances may be discussed only with ACADV and DHR staff who have a "need to know" the information. In addition, access to the DHR case record may be given only to DHR staff whose officially assigned duties include the handling of case records. All staff who will have access to the information must be informed of the confidential nature of the information and the consequences for improper disclosure of such information. As is true for all DHR client information, improper disclosure is a crime punishable by job dismissal, prosecution and/or fine.

1. Only pertinent information necessary for the delivery of services to the client should be contained in the JOBS case record. Information regarding the nature of the violence, names and/or addresses of other victims and/or the perpetrator, and other sensitive information **should not** be documented in the JOBS case record. If the client is a FA applicant/recipient and the perpetrator is a parent of a child in the assistance unit, the PA worker must be notified. This notification may be made through the usual means of communication among staff, except that all written communication must be sent in a sealed envelope marked "confidential".
2. Special precautions must be made if the client is fleeing domestic violence. The SAIL specialist will determine and notify the CM if the client is fleeing violence. In such situations the CM should communicate with the client through the specialist. If the client is a FA or Medicaid applicant/recipient, the CM must notify the PA worker of all changes that may affect eligibility. References as to the client's whereabouts (other than the mailing address) should not be made in the case record. If the client is fleeing a domestic violence situation and one of the following conditions exist, the manual case record must be secured under lock and key.
 - a. The perpetrator is a member of the county DHR staff, including contract staff;
 - b. The perpetrator is a close friend of or related by blood or marriage to a staff member;
or

- c. The client and/or SAIL specialist requests the record be secured. No details on the reason for the request are necessary if the specialist confirms that the client is fleeing a domestic violence situation.

F. Referral Processes

Any individual who requests assistance with domestic violence problems should be referred to the SAIL specialist, regardless of whether or not s/he meets the SAIL eligibility requirements. Individuals who have been referred to SAIL, but do not meet the eligibility requirements will be served by the ACADV through their regular agency programs.

Primarily, individuals will be referred to the SAIL Project by both PA (Public Assistance) and JOBS staff as stated below. Refer to “1” below for procedures on referrals made by the PA worker. Refer to “2” and “3” below for procedures on referring FA recipients and non-FA recipients, respectively. Referrals may also be made by other DHR program staff. Refer to “4” below for more information on the CM’s role in these cases.

1. Screening and Referral by the PA Worker

- a. Individuals applying for and/or receiving FA will be screened by the PA worker for indications of domestic violence at each FA application and review interview, using form DHR-FAD-2080. The screening instrument contains several questions to which a “yes” or “no” response is requested. If there is a “yes” response to any of the questions and the client has no objection, the client will be referred to the SAIL specialist. If the client objects or “no” is the response to all of the questions, the client will not be referred for assessment. The client will be informed of all referrals made on her/his behalf.
- b. When the PA worker sends a copy of the 2080 screening/referral form to the SAIL specialist, s/he will also send a copy to the JOBS CM in a sealed envelope marked “confidential”. The contents of the envelope are to be handled only by a supervisor or the CM. Set a 10-day worker alert on FACETS (preferred) or manually to ensure a response from the specialist is received. Determine if the client is a FA or Medicaid applicant/recipient, and follow steps as described in “d” below as appropriate. File the 2080 form in the manual JOBS case record, if one exists, or if one does not exist, set up a manual JOBS case record and file the form in it.
- c. Once the 2080 referral is received by the SAIL specialist, s/he will determine if domestic violence exists and if there are current safety issues that would prevent the client from participating in JOBS and/or child support activities. Within five workdays of receipt of the 2080 form, the SAIL specialist will respond to the PA and JOBS worker through completion and return of the 2080 form sent by the PA worker.

If safety factors cannot be determined within the five-day period, the specialist will notify the PA and JOBS workers. No action regarding placement of the client in a JOBS activity should be taken until safety factors have been determined.

d. A client who has been determined to be a victim may be required to participate in JOBS activities only if s/he is a FA recipient and (1) documentation/verification indicates that safety is not a current issue for the client and/or her children; or (2) safety issues cannot be documented/verified. Safety issues may be documented/verified according to section 305-B5 or by the SAIL specialist. The client may voluntarily participate in another JOBS activity and receive supportive services, if otherwise eligible. Therefore, upon receipt of the 2080 form from the SAIL specialist, the CM should review the 2080 form, FACETS, and information in the manual case record (if one exists) to determine the next action to take. Take action stated below as appropriate.

- **If the client is a FA applicant**, no action regarding placement in a JOBS activity is required until a disposition is made on the FA (approval or denial). However, if supportive services are requested, the CM must determine the client's eligibility for the services. If eligible, the supportive services should be authorized and provided accordingly. If ineligible, deny the request according to regular procedures. Document the actions taken in the case record.

NOTE: A JOBS case may have already been opened on FACETS by the PA worker as part of the application interview or for other reasons. If so and supportive services that can be authorized on ZD25 are requested, authorize the service on ZD25 (if edits allow) and make payment through ZE14 if the payment is a reimbursement. If the supportive services cannot be authorized and paid through FACETS, authorize and pay for them through the county's Welfare Reform (Initiative) Funds. If the JOBS case is open on FACETS, but no supportive services are requested it is not necessary to update any FACETS screens until the FA is approved or denied.

- ✓ **If the client is denied FA or her/his needs will not be included in the FA grant, the client must not be required to participate in any JOBS activities.** If the JOBS case is open on FACETS, leave the case open in accordance with section 360. The SAIL specialist will be responsible for addressing client needs and developing the SOS plan. The CM will provide assistance with the SOS plan only as requested by the specialist.
- ✓ If the client is approved for FA, take action as stated below for FA recipients.
- If the client is a FA recipient, s/he is subject to JOBS participation requirements and a FRP must be completed according to section 335. The CM must collaborate with the SAIL specialist and, based on safety factors, determine whether participation in other JOBS activities will be deferred or required. Safety issues concerning JOBS participation must be discussed and coordinated with the SAIL specialist before the next assessment or other one-on-one contact with the client. Take action as described below. See section "E" below, if the specialist and the CM disagree on safety or other JOBS participation issues.
- ✓ A JOBS case should be open already on FACETS.

- ✓ **Upon receipt of the 2080 form from the PA worker, in addition to setting the worker alert, the CM should ensure that no appointment is scheduled with the client until safety issues have been discussed with the specialist.**

NOTE: If the specialist has not responded to the referral by the response due date of the worker alert, the CM should initiate contact with her/him by phone or written correspondence.

Also, determine the client's current JOBS participation status. If the client is not currently employed or participating in another JOBS activity and does not meet a deferral/delayed criterion, assign the client to "COUN" with a "PA" component status on ZD23. On ZD21, enter "PA" as the participation status. If the client is deferred or placed in another JOBS activity, leave the participation status on ZD21 and/or component status on ZD23 as is until in collaboration with the specialist a decision regarding participation is made.

- ✓ Upon receipt of the response (on the 2080 form) from or other contact with the SAIL specialist:
 - **If the specialist determined that the safety of the client and/or her/his children is currently at risk**, participation should be deferred (DF) until the danger no longer exists (as determined by the specialist), unless the client volunteers to participate.
 - If the client is placed in "PA" status on ZD23 and ZD21, close the "COUN" component on ZD23 (using "OT" as the closure status) and update the participation status on ZD21 to "DF" and the reason code to "BA".
 - If participation is already deferred/delayed for some other reason, update the participation status reason code on ZD21 to "BA". Do not change the date.
 - If the client is participating in another activity (in "PL" status on ZD23 and ZD21) and does not volunteer to continue participating, close the component on ZD23 and update the participation status on ZD21 to "DF" and the reason code to "BA". If client volunteers to continue participating in the activity, do not update ZD23 or ZD21.
 - **If the specialist determined there are no safety issues and the client will participate in the SAIL Project**, collaborate with the specialist to determine if the client will otherwise be required to participate in another JOBS activity. The specialist should be present at the development of the client's FRP and/or WAP. See "E" below. Do not update ZD21 and/or ZD23 until a decision about participation requirements is made. The client may be required to participate in other JOBS activities, unless s/he otherwise documents/verifies that safety is an issue or participation is deferred/delayed for another reason.

- **If the client does not follow through on the referral to the specialist and/or has chosen not to participate in the SAIL Project**, but otherwise documents/verifies that domestic violence exists, participation in other JOBS activities must be deferred as stated above. Complete ZD23 and ZD21 accordingly.
 - **If the specialist determined domestic violence does not exist**, the client may not participate in the SAIL Project, and the specialist's involvement ends at that point. The client may be required to participate in other JOBS activities as appropriate.
- e. As stated in "1b" above, a manual JOBS case record should be established for all clients who are referred to the SAIL specialist by the PA worker, regardless of whether or not the client is a FA recipient, unless the client already has a manual record. The manual JOBS case record should be maintained and considered active as long as the client is eligible for SAIL or other JOBS services. A FACETS record should be open only if the client is/was a FA applicant/recipient. The FACETS case should remain open as stated in section 360.
- f. Once the SAIL specialist has responded to the initial referral from the PA worker, s/he will communicate only with the JOBS CM. However, the PA worker needs to be kept informed of all changes regarding safety. Therefore, when such changes occur, the SAIL specialist will notify the CM and **the CM must notify the PA worker**. The CM may use the DHR-FAD-799 form or a FACETS referral for this purpose.

2. Referrals of FA Recipients by the JOBS Case Manager (CM)

All clients requesting assistance through the CM with domestic violence issues should be referred to the SAIL Project, using the DHR-FAD-2081 form. If the client is not a FA recipient, refer to "3" below. If the client is a FA recipient, follow policy and procedures stated below. A FRP must be completed according to section 335 for all FA recipients who are subject to JOBS participation requirements.

The JOBS CM will not screen clients for domestic violence (using the DHR-FAD-2080 form). However, if the client is not currently participating in the SAIL Project, domestic violence services should be discussed with the client and issues regarding domestic violence should be identified as part of each assessment interview or other one-on-one contact with the client. The CM will identify domestic violence issues and make referrals to the SAIL Project through use of the DHR-FAD-2081, DHR SAIL Referral form, as stated below.

Confidentiality is very important. All referrals and other written correspondence concerning domestic violence must be sent in a sealed envelope marked "confidential". The contents should be handled only by the CM and supervisor.

- a. The CM will discuss the SAIL Project as part of each initial and on-going assessment. When discussing domestic violence issues, remember that privacy and an atmosphere of trust and respect are necessary if the CM expects to obtain candid answers to questions about such personal matters. Review and adhere to interviewing techniques as described in section 310. Other considerations to keep in mind during the discussion are as follows:
- Timing is important. The client may not be inclined to provide information at that particular time, but might be more comfortable at another time. It is important not to ask potentially painful questions too soon.
 - Efforts to determine if domestic violence exists are likely to be more effective if in the discussion the CM gives concrete examples and describes hypothetical situations.
 - Focus the questions on the behavior of the perpetrator rather than the client to help her/him with any discomfort s/he may be feeling about talking about herself/himself.
 - The client should never be questioned about domestic violence in the presence of someone who might be either the perpetrator or someone who will tell the perpetrator about what was said, including children.
 - Recognize the importance that cultural differences play in the client's willingness to talk about domestic issues. For some clients, being battered is a great source of shame.
- b. If the client is not being served by the ACADV agency, but there is a copy of the DHR-FAD-2080 screening form or DHR-FAD-2081 referral form in the record, use it as the point of the discussion by reviewing with the client the circumstance that led to the referral. Otherwise, review the points below with the client to determine if the client is in imminent danger or threat thereof. Through questioning determine if there is someone in her/his life who is:
- Threatening to harm her/him or others.
 - Keeping her/him from leaving home, going where s/he wants/needs to (such as getting medical treatment, attending counseling, training), or keeping her/him from family and/or friends who are supportive of her/him in any way.
 - Forcing her/him to engage in illegal/immoral acts such as thievery, selling of drugs, prostitution, etc.
 - Damaging property or belongings.
 - Harming pets.

- Threatening to abandon her/him and/or take the children.
- Interfering with her/him going to work or harassing her/him on the job by making repeated phone calls during working hours, showing up at the work place, etc.

The CM should attempt to secure enough information about the client's life situation to make an assessment as to whether possible domestic violence is present, but should avoid a discussion of specific information about the incident(s). For example, the case manager may ask a married client how her/his spouse has responded to her/him getting a job in the past. The client might respond that her/his spouse was physically abusive. The CM would need to know how many times the abuse has occurred, if children were involved, and possibly if the client and/or children needed medical attention, but would not need to know the details of each occurrence, what was said, dates, etc. However, if the client expresses an interest in or insists on sharing such information, s/he should be allowed to do so.

- c. If it is determined that any one of the above factors applies and the client agrees to be interviewed by the SAIL specialist, a referral to the SAIL specialist is appropriate. Complete the DHR-FAD-2081 ensuring the client signs the statement of release section. Send the original to the specialist, a copy to the PA worker, and file a copy in the JOBS case record.

The client must be informed of all referrals made on her/his behalf. Do not make a referral if the client voices an objection, but remind the client that s/he may request a referral at any time. Send a copy of the 2081 referral to the PA worker in a sealed envelope marked "confidential", both when the client is initially referred and when a response is received from the specialist. The specialist will respond to the referral within five workdays of receiving the referral. Set a ten-day worker alert as a reminder to contact the specialist if s/he has not responded within five days after receipt of the 2081 form.

- ✓ If the client is in imminent danger or threat thereof and needs to talk with the SAIL specialist immediately, the CM should complete the SAIL Referral form and make arrangements with the SAIL specialist for the client to be seen before the client leaves the office. When possible, the client should be escorted to the specialist's office. If the SAIL specialist is not available, the CM should contact the shelter (at 1-800-650-6522) serving the area and arrange for the client to be seen as soon as possible.
- ✓ If the client is not in imminent danger or threat thereof, but is a victim of domestic violence, wants to participate in the SAIL Project, and is not currently receiving domestic violence services, make a referral to the SAIL specialist using the 2081 SAIL Referral form.

- ✓ In either situation, if the client needs supportive services such as, but not limited to, payment for transportation to the shelter, it should be authorized and provided through the quickest means possible. This might mean an authorization and payment through county Welfare Reform (Initiative) Funds, rather than through FACETS.
- d. If at the time of the referral, the client is not currently employed or participating in another JOBS activity and does not meet another deferral/delayed criterion, assign the client to “COUN” with a “PA” component status on ZD23. On ZD21, enter “PA” as the participation status until a decision about participation is made. If the client is participating in another activity or participation is deferred/delayed, leave the participation status as is until a decision about participation is made.
- e. Upon receipt of the completed 2081 form from or other contact with the SAIL specialist, clear the worker alert and follow instructions for FA recipients in “1d” above for entering information on FACETS and to determine if the client must participate in other JOBS activities. If the CM disagrees with the specialist on safety or other participation issues, resolve the disagreement according to “E” below.
Reminder: Send a copy of the 2081 to PA worker.
- f. A manual JOBS case record should be set up for all FA recipients who are referred to the SAIL specialist by the CM, unless one has already been set up. The manual JOBS case record should be maintained and considered active as long as the client is eligible for SAIL or other JOBS services. A FACETS record should be open only if the client is a FA recipient or the JOBS record was opened as a result of the client being a FA applicant or former recipient who is receiving other JOBS services. The FACETS case should remain open as stated in section 360.
- g. The CM must closely communicate with the PA worker to ensure the FA time limit exemption and/or good cause for non-cooperation for child support purposes is applied and/or ended when applicable. If after a client has been referred to the SAIL Project, the SAIL specialist notifies the CM of changes that indicates the client is no longer in danger or vice versa, the CM must notify the PA worker. It is the PA worker’s responsibility to determine time limit exemptions and make child support good cause determinations.

3. Other Referrals by the JOBS Case Manager

As stated previously, any individual requesting SAIL services should be referred through use of the 2081 form. Before making a referral, the CM should determine if the client is a FA or Food Stamp applicant/recipient and if s/he is currently being served through the ACADV. To make these determinations, the CM should talk with the client, review available client information on FACETS, IEVS, and the manual case record (if one exists), and when possible talk to the SAIL specialist by telephone. If the client states s/he is currently being served by the ACADV agency, contact the SAIL specialist by telephone. If the specialist cannot be reached by telephone, send a 2081 form to her/him explaining the situation and the fact that the individual is already being served by the ACADV agency.

- a. The SAIL specialist will be responsible for assessing and addressing the needs of all clients who are not FA recipients or other JOBS clients. The CM should provide assistance with supportive services as requested by the specialist. If the JOBS case is open on FACETS, leave the case open in accordance with section 360.
- b. The client may not be required to participate in any other JOBS activity as a condition of eligibility for SAIL, but may do so on a voluntary basis. If JOBS supportive services are requested for the voluntary participation and the client is otherwise eligible, the CM must authorize and issue payment for the service. When appropriate, the CM should also provide the client with a brief explanation of the FA, Medicaid, and Food Stamp Programs and make a referral for benefits.
- c. If the client is a FA applicant, a JOBS case will most likely be open on FACETS. Even if so, do not take any action regarding JOBS participation requirements until a disposition is made on the FA application. If the FA is approved, refer to “2” above. If the FA is denied, provide supportive services as requested and appropriate, and close the FACETS case according to section 360.
- d. If the client is *not* a FA applicant/recipient, do not open a JOBS case on FACETS. If the JOBS case is already open on FACETS, leave it open according to section 360. A manual case record should be established (if one does not exist) for filing of the referral to the specialist, her/his response, and documentation of other services for such clients. See “g” below for instructions on manual case records.
- e. When talking with the client, determine if s/he is in imminent danger and take action as appropriate.
 - If the client is in imminent danger or threat thereof and needs to talk with the SAIL specialist right away, the CM should make arrangements with the SAIL specialist for the client to be seen before the client leaves the office. If the SAIL specialist is not available, the CM should contact the shelter (at 1-800-650-6522) serving the area and arrange for the client to be seen as soon as possible.

- If the client is not in imminent danger or threat thereof, but wants to participate in the SAIL Project, and is not currently receiving domestic violence services, make a referral to the SAIL specialist using the 2081 SAIL Referral form.
- f. All 2081 referrals must be sent in a sealed envelope marked “confidential”. Send the original 2081 form to the Specialist and file the copy in a locally established central folder as described in “h” below. The specialist will respond to the referral within five workdays of receipt. If a response is not received within that timeframe, the CM should contact the specialist by telephone.
- g. Generally, an individual manual JOBS record should be established if the client is a FA applicant/recipient. Otherwise, establish a manual case record only if supportive services are provided and no manual case record exist. A central folder should be established to file copies of both the referrals to and the responses from the specialist on all cases that do not require a manual case record. **Because of the confidential nature of its contents, the central folder should be maintained by the JOBS supervisor or her/his designee and kept in a secured area, preferably in the supervisor’s office.**

4. Referrals by Other DHR Program Areas

- a. Referrals to the SAIL Project may also be made by staff in other DHR programs. The process for making such referrals will be developed by staff in those respective programs. The DHR-FAD-2081 referral is designed for use by these program areas. The referring program should determine if the client is a FA applicant/recipient before or simultaneously with making the referral, and if so, notify the JOBS CM of the referral. The CM should handle the notification of the referral according to “1” above.
- b. The CM will be involved in such cases only to the extent of determining eligibility for and providing supportive services other than DVAS as requested by the SAIL specialist, unless the client is a FA applicant/recipient. If supportive services are needed, the SAIL specialist will contact the CM. Upon contact from the specialist, the CM should review FACETS and the manual case record (if one exists) to determine if the client is a FA applicant/recipient. If so, handle the case as described in “1” above. If not, handle the case as stated in “c” below.

- c. If services are requested, the CM should set up an individual manual case record (if one does not exist) for filing of correspondence and supportive services authorization and documentation. Documentation should include the source of the referral, reason for the supportive service authorization/payment, dates services were authorized/paid, the amount of payments made, and all correspondence with the SAIL specialist.

5. Referrals by Domestic Violence Shelter Staff

Referrals to the SAIL Project may also be made by staff of the local domestic violence shelters. Such referrals will be made when the client is willing to participate in the SAIL Project and is in need of services that are not available through other resources. The CM will handle such referrals as stated in “4” above.

It must be explained to the client that participation in the SAIL Project will mean that if the client applies for or is receiving assistance from DHR, including JOBS supportive services, certain information will be shared with the appropriate staff within DHR. For example, if the client is a FA recipient, information necessary to determine eligibility for FA must be shared with the PA and/or JOBS CM.

G. Coordination with the SAIL Specialist

1. It is very important that the CM and the SAIL specialist communicate frequently with each other to ensure that the client is provided all services to which s/he is eligible. Anyone participating in the SAIL Project may need assistance from the CM, including those FA recipients who meet the criteria for a FA hardship exemption or who are deferred from participation in JOBS due to domestic violence.
2. The CM should work closely with the specialist to:
 - a. Provide any needed supportive services.
 - b. Assist the client with employment services when the client’s situation stabilizes.
 - c. Ensure the client is referred to job training opportunities as appropriate.
 - d. Coordinate the development of the FRP and/or WAP with the SOS Plan.
 - e. Ensure confidentiality of information.
3. Disagreements between the CM and the specialist related to provision of services and other issues should be resolved as follows:
 - a. The CM must consult with her/his supervisor and abide by the supervisor’s instructions.

- b. Unless the supervisor agrees with the specialist, s/he must attempt to resolve the issues with the specialist. If the JOBS supervisor and the specialist cannot agree on a resolution of the issues, the supervisor must contact the JOBS Program Consultant or the JOBS Policy/Automation Help Desk for a resolution and the specialist should contact the SAIL Consultant.
- c. The JOBS Program Consultant will collaborate with the SAIL Consultant for a resolution. The JOBS Program Consultant and the SAIL Consultant will develop a final resolution based on policy set by the state DHR, and the JOBS Program Consultant will present it to the JOBS supervisor. When necessary, such as when there is no DHR policy to address a specific issue, the JOBS Consultant will contact the appropriate staff in the Family Assistance Partnership.
- d. County and SAIL staff must abide by the final resolution of the JOBS Program Consultant or the JOBS Policy/Automation Help Desk.

H. Informing Clients/Public about Domestic Violence

It is important to repeatedly make individuals aware of services provided through the ACADV agency. In addition to providing information to clients who are potentially eligible for SAIL services through the one-on-one interview, staff should incorporate information on domestic violence, its impact on employability and the alternative services available through the project into any applicable group sessions with clients. This information should be a part of all job readiness classes, presentations to clubs or civic groups, as well as other group presentations to clients regarding services that may be provided. When deciding how to ensure information is shared, remember the following points:

1. Research indicates that individuals in crisis have to hear the information repeatedly before taking action to change their situation.
2. Individuals facing a financial crisis such as a job layoff or marital separation may have to stabilize their financial situation, e.g., gaining FA, prior to being able to deal with the domestic violence.
3. County staff should take every opportunity to share information on the domestic violence services with staff in other DHR programs.

CHAPTER FIVE

COMPONENT ACTIVITIES

500 FOCUSING ON SELF SUFFICIENCY

A. Primary Emphasis

The primary emphasis for placement of clients in work activities should be placed on clients gaining unsubsidized employment as quickly as possible, thereby reducing the need for long-term welfare dependency. Meeting federal requirements regarding participation rates is also crucial, as failure to meet the rates as described in Chapter 2 has a negative impact on the funding of the JOBS and FA programs and thereby the ability to successfully serve clients. The CM should strive to meet the following two goals when assigning clients to work activities.

- Unsubsidized employment for the client that is sufficient to meet the financial needs of the client's family; and
- Assignment of the client to the maximum number of countable hours available and appropriate for the client's individual circumstances.

B. Special Circumstances

1. For some clients, gaining and/or retaining self-sufficiency is hindered by special circumstances not addressed through participation in regular or countable work activities described in this chapter, for example, substance dependency, mental illness, abuse, or illiteracy. In such situations, every effort should be made to ensure the client receives the proper assistance (counseling and/or treatment) available to overcome these barriers. Chapter 4 describes services that should be offered to clients with special needs.
2. While the emphasis is on self-sufficiency through employment, it is sometimes necessary to address other issues before employment can be effectively addressed. The CM should assign the client to work activities best suited for the client/family circumstances and provide work enhancement services described in Chapter 4 as needed. This should be done even if involvement in the work enhancement services is to the extent that participation in countable work activities (according to Section 220) is precluded.

505 OVERVIEW OF WORK ACTIVITIES

All activities described in sections 510 through 525 are countable toward meeting the federal participation requirements. However, there are certain verification/documentation restrictions on the number of hours that can be counted for each activity, as well as specified timeframes for the length of time certain activities are countable. The activities, restrictive timeframes, and participation documentation/verification requirements are described individually in this chapter. To the extent possible, a client who will participate in a work activity should be assigned to the activity for the maximum number of hours and timeframe that the activity is countable for federal purposes. However, exceptions may and should be made as stated below.

A. Making Exceptions to the Work Requirements

1. The work requirements prescribed in Chapter 2 and the restrictions on the amount of time such activities may be countable do not preclude a CM from assigning a client to a non-countable (for federal purposes) activity. This does not, however, mean that such assignments should routinely be made.
2. The CM must use judgment when balancing the needs of the client and the work requirement and should direct the client toward activities that will best help the client achieve the goal of financial self-sufficiency as quickly as possible. The following are examples of when a non-countable activity might be appropriate (this is not an exclusive list):
 - a. A client who is within one year of completing a two- or four-year college degree program.
 - b. A client whose functional level is such that literacy or another basic skills education program is deemed appropriate, unless the client has a marketable skill or has a significant work history. (In this context, “significant work history” means that, within the two years preceding the initial assessment, the client has held one or more jobs lasting six months or longer.)
 - c. A client who is engaged in VOCT which is expected to last longer than 12 months, but who is expected to gain full-time employment upon completion of the activity.
3. If a determination is made to assign a client to a non-countable activity, the CM must document the reason and closely monitor the client’s progress. It is not appropriate to allow a client to continue in a non-countable activity if it is determined the client is not making satisfactory progress in the assigned activity.

B. Categories of Activities

Countable activities fall within three categories described below. Some activities fall under both pre-employment and employability activities, depending on whether the client is employed at the time the client is placed in the activity.

1. **Employment Activities**: Unsubsidized employment, subsidized public or private sector employment, and On-the-Job Training (OJT).
2. **Pre-Employment Activities**: Job Search/Job Readiness, Vocational Education (VOCT), community employment, vocational education training, job skills training, education directly related to employment, and school attendance at the secondary or GED level.
3. **Employability Advancement Activities**: Educational and training activities, including but not limited to, secondary education, GED, literacy training, and college.

C. **Suitable Employment is the focus of all JOBS activities**. Use the following guidelines to determine if employment is suitable.

1. A client is expected to accept and retain any offer of employment, unless:
 - a. the wage is less than the highest of:
 - (1) the applicable federal minimum wage;
 - (2) eighty percent of the federal wage, if the federal wage does not apply.
 - b. daily or weekly hours exceed those customary to the particular occupation;
 - c. the client, as a condition of employment, is required to join, resign from, or refrain from joining any legitimate labor organization;
 - d. the work offered is at a site subject to a strike or lockout at the time of the offer, unless the strike has been enjoined under Section 208 of the Labor Management Relations Act (29 U.S.C. 78-Taft-Hartley Act), or unless an injunction has been issued under Section 10 of the Railway Labor Act (45 U.S.C. 160);
 - e. the degree of risk to health and safety is unreasonable;

- f. the client is physically or mentally unfit to perform the employment. Any client asserting an inability to perform the job due to an adverse effect on their physical or mental health should be referred to *Vocational Rehabilitation Services (VRS)* for an ability/disability determination. Refer to section 315-E for referral procedures. Documentation must substantiate that the client's mental or physical health prevents her/him from doing the job, and the health issue and accommodations requested, offered, and provided must be entered on ZD74 and ZD75 as appropriate.
 - g. the distance from the home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting. Employment is not considered suitable if daily commuting time exceeds two hours; or
 - h. the working hours or nature of employment interferes with the client's religious observances, convictions, or beliefs. There is a distinction between what the client is required to do by religious belief and what she chooses to do, such as volunteer time at her church.
2. If a client is unable to obtain suitable unsubsidized employment on his or her own initiative, the client is expected to participate in an appropriate alternative work-related activity.
 3. A client is required to accept any suitable offer of employment any time while participating in any JOBS activity, including education and unsubsidized employment if the client is earning wages that do not adequately support the family.

D. Individual Business Entrepreneurial Activities (IBEA)

1. Individual Business Entrepreneurial Activities (IBEA) are directed at clients who are involved, or wish to become involved, in ongoing entrepreneurial activities aimed at establishing a small business, for example, a licensed day care home, janitorial service, alterations business, etc. **Most activities are not countable toward meeting participation requirements, unless the activity meets the definition of a component described in 510 through 525 below.** Activities include the following:
 - a. acquiring business licenses;
 - b. obtaining required medicals;
 - c. applying for small business loans;
 - d. arranging required inspections;
 - e. completing incorporation requirements;
 - f. securing zoning approvals;
 - g. attending training;

- h. development of management skills; or
 - i. other activities required to establish a small, self-owned business.
2. Participation should be limited to a client who shows a genuine interest in forming her/his own business, who is willing to work long hours, is motivated, and who demonstrates basic reading and writing skills.
 3. IBEA may include personalized one-on-one activities or group activities such as classes offered by a Small Business Development Center at a university. While most IBEA activities are not countable, classroom and other supervised training or educational activities may be countable as vocational educational training, job skills training, or educational activities.
 4. The activity is limited to a maximum of four (4) months and participation should be combined with participation in countable activities to the extent possible.
 5. The CM should monitor the activity to assure the client is taking the appropriate steps to complete the required tasks and is making reasonable progress.

510 EMPLOYMENT ACTIVITIES

A. Employment

A client is considered to be employed if s/he is compensated monetarily for the performance of a task. All hours of employment must be entered on ZD11. However, not all hours of employment are countable in meeting the work participation requirements. Employment may be subsidized or unsubsidized:

Unsubsidized employment is full or part-time employment in the public or private sector that is not subsidized by TANF or any other public program.

Subsidized Private Sector Employment is employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient.

Subsidized Public Sector Employment is employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient.

1. The first priority for the CM is to assist each client in gaining suitable unsubsidized employment that will move the client and her/his family from welfare to work as quickly as possible. In addition to helping clients gain access to suitable unsubsidized employment, the CM should focus on helping the client retain employment in order to provide long term financial stability to the family.
 - a. JOBS activities other than employment must never be allowed to interfere with paid suitable employment, even if the employment is for minimal hours.
 - b. Any number of hours of suitable employment is better than unemployment.
 - c. A client must never be told or encouraged to quit suitable employment.
2. If a client is employed for any number of hours, JOBS participation should **not** be deferred or delayed, i.e., DF or LL on ZD21. If the employment is not sufficient to make the family self-supporting (independent of financial welfare assistance), the CM and client must jointly discuss, agree, and devise a plan (IJP or Work Action Plan) stating ways the client can increase her/his family's income. This plan must include, but is not limited to, the following:
 - a. Finding a higher paying job;
 - b. Increasing the hours of employment either in the current employment or by obtaining additional employment;

- c. Pursuing additional training or education that will lead to higher wages in the future. When appropriate, the CM must assist the client in locating training or education that would have potential for increased earnings or a better job. Such training and/or education is to be done as a supplement to the employment the client already has and not as a replacement of the employment. In some instances, a referral to and collaboration with a Vocational Rehabilitation (VRS) counselor may be appropriate.
3. College Work Study is considered as subsidized employment for JOBS purposes. However, the employment type code on ZD11 should be 06, instead of 02.
4. Self-employment is also considered as unsubsidized employment. Self-employment may include, but is not limited to, domestic work and the provision of childcare. The employment type code on ZD11 should be 07 or 09, as appropriate.
5. If the compensation for employment is in-kind, rather than monetary, the employment is **not** countable as employment and should not be entered on ZD11. However, the CM must work with the client as stated in “2” above, as the in-kind compensation in and of itself may not move the family off FA, but may provide the client with valuable work experience and job skills. Therefore such employment should be assessed as to the potential value to the client for future employment opportunities, and should not be automatically allowed or disallowed. The feasibility of converting the employment into a CEMP placement should also be explored with the client and the employer, and if feasible, steps to make the employer a CEMP sponsor should be taken as stated in Chapter 9. This may not be feasible and/or appropriate in all situations of this nature.
6. In some situations, the client may be required to participate satisfactorily in an additional work or work enhancement activity, if one is available and the participation in the additional activity does not interfere with the employment and supportive services are available.
7. It is very critical that the CM work closely with the client throughout the earned income disregard period to ensure the client is able to retain the employment. When employment is reported, the CM must contact the client to help her/him make plans and/or arrangements to pay work-related expenses, such as childcare, transportation, etc., during the disregard period and thereafter as appropriate according to program policy. See section 600-I. Tell the client to contact the CM for help before quitting the employment for any reason and document the discussion in the case narrative. Provide work enhancement and supportive services according to Chapters 4 and 6 as needed.

B. Verification, Documentation, and Projection of Paid Hours of Employment

To meet federal reporting requirements, a portion of the actual hours for which an employed client is paid must be verified and a weekly average of the verified hours must be calculated. The average weekly paid hours may then be projected as the weekly average for an entire month for up to a six-month period. The procedures for verifying, calculating, and projecting the average weekly paid hours are described in this section.

Since employment information is necessary to determine initial and continuing eligibility for FA, in most instances, the PA worker will verify employment including the anticipated weekly work hours and share the information with JOBS. In some instances, the verification obtained by the PA worker will not be sufficient to calculate the weekly paid hours as required for JOBS. In these instances, follow instructions as stated in “2b” below.

1. The PA worker may share information by entering the employment information on ZC24 or ZC28 and setting a W301 alert in the alert field or through other means. If the PA worker is entering a new employment the Weekly Scheduled Hours field on ZC24 or ZC28 is prefilled with 99, which indicates the hours have not been verified for federal reporting purposes and are therefore uncountable. If updating an existing employment the PA worker will be unable to change any information in the Weekly Scheduled Hours field.

If the CM learns that a client is employed or has had a change in employment from a source other than the PA worker, the CM will **enter the information on ZD11 immediately, but no later than three workdays of receipt of complete information.** In the Weekly Scheduled Hours Field on ZD11, the case manager will enter 99 and will leave the Date Hours Verified field blank to signify the actual work hours have not been verified. Notify the PA worker by entering a “Y” in the Send Alert field on ZD11 at the time the information is entered. This action will create a C301 alert to the PA worker.

If the case manager learns verified employment has terminated and the employment has not been moved to the history screen (ZD16), see section “8b” below for instructions on how ZD11 should be completed using the 98 code.

When the CM learns that a client is employed, the CM must obtain certain information from the PA worker. This information is necessary to determine the number of hours that will be projected each month and the number of months for which the hours will be projected as described in “4” below. Request the following information and document the responses in the case narrative:

- a. Whether the PA worker will or has verified the employment;
- b. Copy of any written wage verification;
- c. Whether the income will be counted or disregarded in the FA eligibility process;
- d. If income will be disregarded for a specified number of months, the specific months the income will be disregarded;
- e. If FA will close or remain open at the end of the disregard period; and
- f. If the FA will close at the end of the disregard period, the anticipated effective date of the closure.

2. There are two instances, described in “a” and “b” below, when the CM should verify employment information either initially or in addition to verification obtained by the PA worker:
 - a. **Childcare Referrals:** If the client is in immediate need of childcare services, the CM may verify the employment to expedite the referral to the Childcare Management Agency (CMA). However, before requesting verification from the employer, the CM must check with PA, Childcare Management Agency (CMA), and Food Assistance to see if any program has already requested and/or received the verification. If one of these programs has the verification, the CM should request a copy of the verification from that program, and should not contact the employer. If the verification has not been requested by another program, the CM should verify the employment, by phone if possible. Verification by phone is not sufficient verification of actual workweek hours as required below, as actual paid hours verification must be written. Regardless of the verification method, all written and/or verbal verification must be shared with the other DHR programs from which the client is receiving or requesting benefits/services.
 - b. **Verification of Paid Hours:** For JOBS federal reporting purposes, verification of both actual hours and anticipated hours must be obtained from the employer. Therefore, sufficient verification of employment hours cannot be obtained until after the client has been paid. See “7” below for information on providing supportive services during the verification process.
 - (1) The verification may be obtained through a DHR program wage verification form, written statement (document) signed by the employer, pay stubs, or the Work Number. Wage verification forms issued by other DHR program areas such as the DHR-FAD-1532 are subject to policy and procedures as prescribed by that particular program area. Therefore, these forms should not be given to clients or mailed to employers by JOBS case managers, unless the JOBS case manager is also the worker for the client in the program area that issued the form.
 - (2) **Non Self-Employment:** To determine if weeks are representative, the actual paid weekly hours or the average of the actual paid hours received must be compared to the employer’s anticipated range of weekly paid hours. If the actual or the average of the actual paid hours fall within the employer’s anticipated range, those weeks would be considered representative. The fact that the workweek contains days in two different months (end of one month and the beginning of the next month) is not a factor in determining if the workweek is representative.
 - If the employer anticipates the number of hours paid will be the same from one workweek to another, at least one workweek that shows the client was actually paid for the number of hours anticipated by the employer must be obtained to verify the weekly hours.
 - If the employer anticipates the hours will vary from one workweek to another, a weekly average based on the number of hours anticipated by the employer

will be used. Therefore, at least two representative workweeks whose average falls within the variation anticipated by the employer must be obtained to verify the weekly average.

For example, if the employer reports that the anticipated paid hours will be 25 to 35 hours per week, then the total of weekly paid hours or the average of the actual weekly paid hours must not be less than 25 and not more than 35 in order for that week to be considered representative. However, any number of actual paid hours or any weekly average of actual paid hours that fall within the 25-35 range, including 25 and 35, would be considered a representative week.

Likewise, if the employer verifies anticipated and/or actual paid hours by pay periods other than weekly, the total number of actual paid hours is divided to determine the weekly average of actual paid hours. The average is then compared to the anticipated range to determine if the weeks are representative.

(3) **Self-Employment Hours**: Use the monthly gross income as verified by PA to calculate the weekly hours. Actual paid hours do not have to be verified and the term “representative” workweek is not applicable.

(4) If the verification obtained by PA or other sources does not contain sufficient information as stated above for actual hours, the CM must obtain the additional verification as follows:

Contact the client and request the client provide pay stubs or other written verification from the employer that shows the client was actually paid for the number of hours anticipated by the employer. During the contact, discuss weekly paid hours with the client to ensure the client understands which week’s hours must be verified. Determine which week’s hours will be representative of the hours for which the client expects to be paid, as well as when the client expects to actually receive pay for the number of hours anticipated by the employer. Also, keep the following in mind:

- The client must be given at least ten days from the date s/he receives payment for the appropriate number of representative workweeks to provide the verification.
- Paid hours differ from hours worked in that paid hours may include hours for which the client received pay but did not work, such as holidays, sick leave, etc.

Set a worker alert as a reminder of the date the verification is due. If the client fails or refuses to provide verification as requested, determine the reason for the failure/refusal according to section 705. If the client does not have good cause for not providing the verification, consider the client non-compliant without good

cause. Update the Participation Status code on ZD21 to “NC” to indicate the noncompliance status and to send an alert to PA for the appropriate penalty.

If the client has not been paid for the number of weekly hours anticipated by the employer after 4 weeks of actual paid hours have been verified, contact should be made with the client, and when necessary, the employer (preferably by phone) to determine if the number of anticipated hours has changed.

- If so, verify through the employer the new anticipated workweek hours as stated above and the date(s) the employer expects the client will actually be paid for those hours. This verification may be obtained from the employer over the phone or in a written statement from the employer. In some instances, the client and the employer may agree that the verification already obtained is more representative of the number of hours for which the client will be paid in the future than the number originally anticipated. In which case, the verified actual weekly hours already obtained are acceptable verification and no additional verification is necessary. However, if the employer states that the number of previously verified actual weekly hours is not representative of the number of hours the client will be paid in the future, written verification of the actual workweek hours as stated above must be obtained after the client has been paid for those hours.
- If the anticipated work hours have not changed, additional verification of actual workweek hours as stated above must be obtained. Ask the employer the dates s/he expects the client will actually be paid for the number of anticipated hours.
- If the employer anticipates it will be more than two additional weeks before the client will be paid for the anticipated hours or the employer cannot/will not anticipate the number of hours or when the client will actually be paid for the number of hours anticipated, the case circumstances should be referred to the JOBS Policy/Automation Help Desk for additional guidance.

NOTE: The verified employment information obtained by JOBS to determine the average weekly projected hours must be the same as the employment information used by the PA worker in the FA eligibility and benefit amount determination. Therefore, the JOBS case manager must notify FA, and document the contact in the case narrative, if the verified number of actual average weekly hours obtained by JOBS differs from the number of anticipated hours verified by the PA worker.

For example, on FACETS employment screens, if the number of Weekly Scheduled Hours (entered by JOBS) is multiplied by the Hourly Wage amount (entered by JOBS or FA) to get the weekly wage amount; and the weekly wage is multiplied by 4.3, the results should equal to the Monthly Wage amount (entered by the PA worker).

3. **Entering the Weekly Paid Hours on ZD11:** Refer to section 210-A4. The number of countable hours for each week must be calculated and entered on ZD11 as stated below

immediately upon receipt of the required verification. If 99 is currently in the Weekly Scheduled Hours field it should be overtyped with the actual hours as calculated and the date the hours were verified should be entered in the Date Hours Verified field. Any number other than 99 (unverified hours) or 98 (terminated employment), in the Weekly Scheduled Hours field indicates the hours will be counted for federal reporting purposes and in the SAS reports calculations beginning with the month in the Date Hours Verified field through the sixth month, the effective date of the FA termination, or the month before the month in which the hours are re-verified, whichever is earliest as stated in “4” below.

a. For non-self-employment, the average weekly paid hours will be determined as follows:

- (1) If the client’s weekly paid hours are the same from one workweek to another, the number of weekly paid hours is the total hours for one representative workweek. Although no calculations are necessary in some cases, document the verified hours and the projection period on the PWHCW, and attach a copy of ZD10 as stated in “6” below.

Example 1: Client reported to the CM on 10/10 that she is employed for 35 hours per week as of 10/12. She will be paid weekly on Fridays. The PA worker verified client’s employment on 10/19 through a wage verification form completed by the client’s employer. On the wage form, the employer anticipated the client would be paid for 35 hours per week. However, the client had not received a full workweek’s pay at the time the form was completed. On 10/23, the client provided a check stub to the CM verifying she was paid for 35 hours for the workweek of 10/15 through 10/21. The number of weekly hours to be entered on ZD11 is 35.

Example 2: On 10/20, client reported to the PA worker that she is employed as of 10/19. She will work 30 hours per week and will be paid every other Saturday. The PA worker verified employment on 11/1, and shared it with the CM the same day. The verification showed client was paid for a total of 42 hours for the 10/15 through 10/28 pay period, and that the employer anticipates the client will be paid for 30 hours per week. Since the pay period contains one representative workweek of 30 hours as anticipated, the number of weekly hours to be entered on ZD11 is 30.

- (2) If the employer reports that the weekly paid hours will vary, at least 2 representative weeks of actual paid hours must be obtained. To get the weekly average hours the total number of actual paid hours obtained will be documented on the PWHCW and then must be divided by the number of representative weeks used to acquire that total. Since no month contains five full weeks, the number of weeks that is used as the divisor should not be more than 4.33. Therefore, if a full month’s hours are verified as representative, divide the total by 4.33 to arrive at the average weekly hours.

Example 1: On 10/11, client reported employment. She began working on 10/7, and her hours will vary from 25 to 35 each week. The anticipated weekly hours were verified by the employer. She will be paid weekly on Thursdays. On 10/31, client provided 3 check stubs indicating 6 hours for the 1st workweek, 28 hours for the 2nd workweek, and 34 hours for the 3rd workweek. The 6 hours for the 1st workweek is not a representative workweek that shows the anticipated weekly hours and therefore should not be used in the divisor. Total hours are therefore 28 plus 34 (62). 62 divided by 2 (representative workweeks) equals 31. The weekly average to be entered on ZD11 is 31.

Example 2: On 10/11, client reported employment. She began working on 10/7, and her employer reported that anticipated hours will vary from 25 to 35 each week. She will be paid bi-weekly on Thursdays. On 10/31, client provided 2 check stubs indicating 12 hours for the 1st bi-weekly pay period and 64 hours for the 2nd bi-weekly pay period. The 12 hours for the 1st pay period are not representative as they do not fall within the weekly anticipated range of hours. 64 bi-weekly hours divided by 2 equals 32 which is the average of actual weekly paid hours. 32 is representative since it falls in the range of the anticipated hours as stated by the employer.

- (3) Converting Pay Period Hours to Weekly Hours: If the employer verifies the total paid hours for a pay period that contains more than one week's hours, convert the pay period hours to weekly hours by dividing the total pay period hours by the number of full weeks in the pay period. Enter the results as the number of verified weekly hours on ZD11. Converting paid hours to a weekly average of hours involves the following formulas:
- Weekly Pay (but hours vary) - to acquire the average, add the total weekly hours verified and divide by the number of representative weeks used to acquire the total weekly hours.
 - Bi-Weekly Pay (received every two weeks) - to convert to weekly hours divide the number of hours on the bi-weekly stub by 2.
 - Semi-Weekly Pay (received twice a month) - to convert to weekly hours divide the number of hours on the semi-monthly stub by 2.15.
 - Monthly Pay (received once a month) - to convert to weekly hours to divide the number of hours on the monthly stub by 4.33.
- b. For self-employment the projected weekly hours will be determined as stated in section 210-A4b. To get monthly hours, the gross monthly income as verified and calculated by the PA worker (minus 40% for business expenses) must be divided by the federal minimum wage. The average weekly paid hours are then obtained by dividing the total monthly hours by 4.33.

Example 1: Client is self employed as a childcare provider. *The PA worker* verified the total gross income for the month is \$767.00. 40% of \$767.00 equals \$306.80. $\$767.00 - \$306.80 = \$460.20$. That amount divided by \$7.25 (current federal minimum wage) equals 63.48 total monthly hours. 63.48 divided by 4.33 equals 14.66 or 15 (rounded to the nearest whole number). The weekly average hours to be entered on ZD11 are 15.

4. **Projecting Weekly Hours:** The hours entered as stated above should remain on ZD11 for six months beginning with and including the month verification of actual paid hours is received by the case manager, **unless:**
- the employment is for a specified period that is less than six months; **or**
 - it is known that the FA benefits will terminate in less than six months; **or**
 - the hours are re-verified before or during the sixth month for any reason, including instances when the client reports or the CM is otherwise made aware of a change in the employment hours.

This process is referred to as projection of the hours. The first month of the first and all subsequent projection periods is the month in which the hours are initially verified or re-verified, respectively. The last month of each period is the month prior to the month the hours are re-verified, the sixth month, or the effective date of FA termination, whichever is earliest.

For each employment, actual paid hours must be re-verified according to the instructions in B2b above prior to the authorization of each subsequent projection period. The re-verification process should be initiated in the fifth month of the first and each subsequent six-month period.

The actual months in each projection period will be determined as follows:

- a. If the employment and FA eligibility will be for a specified period of time that is six months or less, the hours will be projected for one projection period. The projection period will include the month the hours are initially verified through the month the specified employment period ends or the effective date of the FA termination, whichever is earlier. Set a worker alert to take appropriate action at the end of the specified projection period or FA termination.

If the specified employment period and continued FA eligibility are more than six months, but less than 13, the hours will be projected for at least two projection periods. The first projection period will include the month the employment is initially verified plus the following five months. The second (subsequent) period will include the month the hours are re-verified through the month the employment ends or the effective date of the FA termination, whichever is earlier.

Specified periods of employment and continued FA eligibility of 13 or more months will be handled as stated in “b” below.

- b. If there is no specified period of the employment or the specified period is for 13 months or more, and the FA will not terminate due to the expiration of the earned income disregard period, the hours will be projected in six-month periods until the employment ends or the effective date of the FA termination, whichever is earlier.
 - (1) Set a worker alert as a reminder to re-verify actual hours in the fifth month of each six-month period. Re-verify actual paid hours in the fifth month as stated in “B2” above. *Also use ERD report PSWJZ221 to obtain a monthly listing of clients who are in the fifth month of a projection period.*
 - (2) If the CM learns the FA will close for any reason, set a worker alert to take action on the JOBS case as appropriate, according to section 360.
 - c. Employment hours not re-verified as stated above will not factor into the calculation of the work participation rate beyond the sixth month after the month entered in the Date Hours Verified field.
5. **Weekly Hours for Federal Reporting:** The hours entered on ZD11 in the Weekly Scheduled Hours field will be the average weekly paid hours that will be used for federal reporting purposes and the date in the Date Hours Verified field will be used to determine the months for which those hours will be reported. As previously stated, the average weekly hours must be re-verified every six months. If the re-verified hours are different from the previously verified hours, update (overtyp) the Weekly Scheduled Hours field with the new hours and update the date in the Date Hours Verified field with the date the hours were re-verified. The new hours will be used to calculate the work participation rate beginning with the month in the Date Hours Verified field. The previously verified hours and verification date will move to the Previous Employment Information section on ZD11. The date the hours were re-verified must be entered in the Date Hours Verified field even if the number of weekly hours do not change. If the date in the Date Hours Verified field is more than six months from the current report month, the hours in the Weekly Scheduled Hours field will not be reported to ACF nor counted in the work participation rate calculation for that report month. Furthermore, to be included in the automated process for calculating the work participation rate for a report month, the Weekly Scheduled Hours and the Date Hours Verified fields must be documented or updated on ZD11 by the 20th of the month following the report month. If the client is engaged in other countable activities, the CM will use the Unpaid Hours Computation Worksheet (UHCW) *to* add the average weekly employment hours to the average weekly component hours in order to arrive at the total average weekly hours of participation.
6. Document all calculations for each job on a separate Paid Weekly Hours Computation Worksheet (PWHCW) and make reference to the worksheet in the case narrative. Staple written verification, calculator sheets, and a copy of ZD10 (Current Employment List) to the worksheet. The purpose of attaching a copy of ZD10 is to remind the CM to look at all current employment listed for accuracy, and when appropriate, to remind the PA worker to remove any employment that is not current.
7. Supportive services for the employment may be provided and/or paid on the client’s behalf during the verification process, if such services are necessary for the client to

begin or retain the employment, the information provided by the client is not questionable and the client is determined to be otherwise eligible for the service. Services may be provided without verification until the date by which the verification is to be provided by the client, the services are no longer necessary, or the FA is terminated, whichever is earlier.

8. **Terminated Employment:** To facilitate accurate reporting of employment hours after the employment has terminated:
 - a. In instances where employment has terminated **and moved to history** (ZD16) by PA before the hours are verified (99 is still in the Weekly Hours field), when the hours verification is received the case manager should calculate the verified average weekly hours; then, on ZD16 overwrite the 99 in the Weekly Scheduled Hours field with the correct number of hours from the PWHCW. Enter the date the hours were actually received and verified in the Date Hours Verified field. The hours will be used in the calculation of the work participation rate for the month in the Date Hours Verified field and through the month in the Date Ended field provided the hours are entered on ZD16 by the 20th of the month following that report month and the Date Hours Verified is not in a month after the Date Ended field.
 - b. When the case manager learns that employment with verified hours has terminated and has **not** been moved to history (ZD16), access the appropriate ZD11 screen. Enter 98 in the Weekly Scheduled Hours field for the terminated employment. **The date the employment ended** should be entered in the Date Hours Verified field. Notify PA of the employment termination using the Send Alert field on ZD11 and document the termination in the case narrative. A “98” in the Weekly Scheduled Hours field indicates terminated employment and the previously verified employment hours will not be used in the calculation of the work participation rate beyond the month entered in the Date Hours Verified field.

C. On the Job Training (OJT)

On-the job training (OJT) is training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job. This training must be supervised by the employer, work site sponsor, or other responsible party on a daily basis.

1. OJT services are available through WIA, Job Corps, DRS, and other OJT service providers. While employed in an OJT position, the client will engage in productive work while receiving training in the knowledge and skills essential for adequate job performance. The client is compensated at a rate comparable to that of other employees performing the same or similar jobs, but at no less than minimum wage. At the end of OJT, the client may be retained as a regular employee.
2. A client’s participation may be counted in OJT only for the length of time determined by the OJT provider that it takes to learn a specific skill. It is not related to a life skills class which may be taught in conjunction with the OJT. However, the life skill class hours

may be counted as job readiness if the hours can be documented separately from the OJT hours. The OJT placement may continue after the life skills class has terminated.

3. For federal reporting purposes, OJT is to be documented on ZD11 separate from the actual employment. Enter the OJT training on the current employment screen (ZD11). Enter “5” in the “TYPE” field. The OJT entry should remain on ZD11 until the OJT terminates (assuming the client is still an FA recipient), at which time it should be closed. If the individual remains employed by the company after the OJT ends or concurrently with the OJT, open the employment by adding a sequence on ZD10 and completing a new ZD11 with the employment information.
4. Actual hours of participation in OJT must be verified by the OJT provider or the employer, documented in the case record and on FACETS and projected over the length of the OJT period up to six months. To determine the average weekly paid hours, follow procedures as stated in “B3&4” above.

515 JOB SEARCH AND JOB READINESS

Job search and job readiness activities consist of seeking or obtaining employment, preparation to seek or obtain employment, including substance abuse treatment, mental health treatment, or rehabilitation activities for those who have a disability or face multiple barriers to employment. Job search and job readiness participants must be supervised on a daily basis. However, daily in-person contact is not a requirement. Contact may be by telephone or electronically where appropriate.

If a client completes Job Search and/or Job Readiness and remains unemployed, the client should be assigned immediately to another component as appropriate, such as community employment (CEMP) as described in section 520. The client must be informed of this possibility at the initial assessment and it should be recorded on the Individual JOBS Participation Plan (IJP) or other self-sufficiency plan as a contingency plan.

Although job search and job readiness activities are separate components on FACETS, for purposes of counting the hours of participation in the work rate, hours in activities in these two components are combined. Therefore, job search and job readiness activities may be conducted concurrently or separately. If conducted concurrently, the component code on ZD23 for all clients assigned to the component should be JOBR. In either case the restrictions stated in “C” below applies in regard to the length of time and number of hours that may count toward meeting the participation rate.

Job search/job readiness hours that are not countable must be documented in the case record and on FACETS as uncountable or UJOB. See “D” below for more information.

A. Job Search (JOBS or UJOB)

The **job search** aspect of this component is basically the act of seeking or obtaining employment. This also includes initiatives such as making contact with potential employers, whether by telephone, in person or via the Internet. The use of the Internet will allow the clients to learn about suitable job openings, applying for vacancies, and interview days of various agencies. However, to count the hours of Internet use in the participation rate, a client’s use of the Internet must be supervised and documented by the person providing the supervision.

1. Any client, excluding a teen parent who has not attained a high school diploma or its equivalent, who is **not** employed full time or whose employment is not sufficient to provide adequate support for the family is expected to engage in job search and/or job readiness activities. The activities may be formally assigned by the CM as stated in this section or self-initiated by the client. Clients may receive supportive services for self-initiated job search activities if the contacts meet the definition of a serious contact and are verified as stated in “D” below.

2. In addition to any structured, countable job search, all clients are expected to continuously seek employment. The CM should emphasize this at each contact with a client, and provide allowable supportive services as necessary.
3. Job search activities may be supervised directly by the CM or the client may be referred to a local vendor or state contracted job readiness provider. Daily supervision, documentation, and verification requirements apply in either instance. If the CM supervises the job search and the job search activities are not combined with job readiness activities described in “B” below, the following guidelines apply:
 - a. The job search activities should be assigned in increments lasting no longer than two weeks and the client’s activities must be structured, supervised, and each day’s activities documented in the case record. **The client must be engaged in other countable core activities for the other weeks in the month for the job search hours to count in the participation rate.**
 - b. The CM must maintain a monthly list of current employment opportunities in the area and discuss these with the client. The list must include the month and year and all pertinent information known about each employment, including the name, address, and telephone number of the employer, a contact person and the type of job. The client should be referred to all job opportunities for which s/he is qualified or may qualify.
 - c. Once a client has been assigned to job search activities, the CM must have daily contact with the client (over the phone or face-to-face) to give the client instructions for job search activities for the day and/or next day and to review the results of each day’s activities. These contacts must be documented in the case record narrative or as a part of the client’s IJP. If the contacts are documented as a part of the IJP, that fact should be referenced in the record narrative. The following must be included in the discussion and the documentation.
 - (1) The time frame for when job search activities will begin and end each day, including how the client will be transported, and the number and name of contacts to be made must be discussed.
 - (2) Discuss how potential employers responded to the client, any leads that are likely to evolve into a job offer in the near future, and the client's evaluation of why s/he was or was not successful.
 - d. The client must be instructed to make as many serious contacts with potential employers as determined appropriate each day and must also register with the Employment Service as stated in section 210. A serious contact is considered one in which the client submits an application or interviews for a job and whose conduct during the application or interview is conducive to receiving favorable consideration for the job. A serious contact is also one to which the CM or Employment Services referred the client and the client attempted to put in an application, but was not allowed to do so by the potential employer through no fault of the client.

- e. The number of contacts assigned must be based on the job opportunities (openings), geographic area, and the client's particular circumstances, i.e., the client's qualifications, her/his job seeking skills, supportive services needs and availability, etc. The weekly number and names of contacts, as determined by the CM with input from the client, should be recorded on the client's IJP.
- f. The specific reason for the number of contacts required must be documented in the case record narrative. For example, it may be unreasonable to require a client in a rural county with minimal job resources to make more than 3 contacts per day.
- g. The client should document contacts made on the DHR-WR-1707, "Record of Participation and Expenses," and turn in to the CM each week. Upon receipt of the completed 1707, the CM must contact a random number of sites and any sites that appear questionable listed by the client on the 1707 to verify that a contact was made and that an application was submitted and/or an interview was conducted as applicable.
- h. Comparable job seeking activities offered through another agency may be substituted if the agency supervises, verifies and documents the job seeking activities on a daily basis, and shares the documentation with the county office. For example, Job Search as required through the ES for those receiving Unemployment Compensation may be counted as the Job Search component for JOBS purposes. If such hours are to be counted and considered as part of the IJP, they must be entered on ZD23. Policy and procedures for agency-assigned job search activities apply.
- i. Travel time hours between interviews or job contacts are countable as part of the job search and job readiness activity. However, the travel time to the first job search contact or the time spent returning home after the last contact is not countable.

B. Job Readiness (JOBRR or UJOB)

Although clients should continuously prepare for and seek employment on their own, the CM must not repeatedly assign clients to job readiness classes as a JOBS component, unless each class curriculum provides different job skills. A client must not be assigned to the same job readiness class more than once, unless the client was unable to complete the first class assignment through no fault of her/his own or if s/he was at fault, s/he had good cause for not doing so. The term "same job readiness class" in this context means the curricula for all sessions are the same, even if the lengths of time, instructors, or name of the subjects taught are different. If the client is assigned to two or more different job readiness classes, the appropriateness of each class assignment must be justified and documented in the case record. Justification must include a list of the different job skills the client will attain from the new class assignment that were not attained in previous class assignment.

The job readiness aspect consists of two types of activities:

1. **Preparation necessary for an individual to seek or obtain employment.** These activities are limited to identifying and writing or orally expressing personal qualifications, preparing a resume or job application, training in interviewing skills, instruction in work place expectations (including instruction on appropriate attire and behavior on the job), and training in effective job seeking, i.e., appropriately responding to questions and following up after an interview. These activities are usually conducted in a classroom setting (by county staff, a local vendor or a state contractor) for up to 4 weeks. If conducted in a classroom setting, a written curriculum along with a daily attendance sheet for each session must be kept in county files and the following conditions apply, regardless of whether the class is conducted by the county or a state contractor.
 - a. Classes should be conducted for at least 30-35 hours per week. If it is necessary and appropriate for the client's circumstances to assign a client to a Job Readiness activity for less than 30 hours, additional countable activities should be scheduled to bring the total hours of participation up to an average of 30 hours per week.
 - b. The curriculum for a job readiness class should include activities designed to prepare clients for successfully seeking employment and for maintaining employment after being hired.
 - c. Typical activities include application completion, interview skills, and ways to locate job openings, general workplace expectations, and the behaviors and attitudes necessary to compete successfully in the labor market.
 - d. Although money management, self-esteem, life skills, and parenting groups are important supportive services and could be elements within a Job Readiness class, they do not meet the requirements of a stand-alone component activity.
 - e. Innovative Job Readiness approaches to help clients achieve self-sufficiency are encouraged.
 - f. Upon completion of the class, the client's readiness for employment should be discussed and evaluated with the client, and the client should be immediately assigned to job search activities (see Federal Restrictions on job search and job readiness below), or Community Employment (CEMP).
2. **Substance abuse treatment, mental health treatment, or rehabilitation activities.** Such treatments include counseling and must be determined to be essential by a qualified professional. These services have been incorporated into this definition to help such individuals make the transition from welfare to work.

For the purpose of completing ZD23, the hours must be incorporated in the number of hours shown in the JOBR component. The hours the client is assigned to the COUN component will not be added to the JOBR hours in calculating the countable hours of participation. The hours must be documented and verified as stated in “D” below.

C. Federal Restrictions on Countable Job Search and Job Readiness Hours

A client may be assigned to job search and/or job readiness for any length of time determined appropriate by the CM, and based on individual circumstances. For example, a client may be assigned to job search alone, concurrently with, or subsequent to a job readiness class. However, there are limits on the number of consecutive weeks and number of hours that may be counted as stated below. The Job Readiness/Job Search Tracking I and II forms must be used to track the consecutive weeks and the maximum hours and must be completed weekly. The tracking form has been divided into two parts because each 12-month period after the first 12 month period will consist of different months. Therefore it is vital that the correct tracking form be used and that the forms be completed accurately and timely as stated in “D” below and according to the instructions in Appendix A.

- For the first 12-month period after October 2008, the tracking I form must be completed.
 - For each rolling 12-month period thereafter, the tracking II form must be completed.
1. **Four Consecutive Weeks Limit:** Hours for no more than four **consecutive** weeks may be counted toward meeting the rate for each work eligible individual. If a client is engaged in job readiness/job search activities for a fifth consecutive week, **none** of the hours are countable for that week. A week is defined as seven consecutive days. The first day that a client participates in job readiness/job search activities after September 30, 2008 for any number of hours triggers the first week for the four consecutive weeks limit. The first week’s period ends on the seventh consecutive day. For example: The client starts the JOBS/JOBR activity on Thursday. The seven consecutive days for the first week include that Thursday through the following Wednesday. The second week starts the next Thursday, etc.

All **countable** weeks **and** each **fifth consecutive** week (uncountable week) must be documented on the Job Readiness/Job Search Tracking I and II forms. This is necessary to document that the hours in the fifth consecutive week are not reported as countable hours.

2. **120/180 Hours Rolling 12-Month Period Limit:** The number of hours that are countable for each work eligible individual (WEI) is limited to 6 weeks in a rolling 12-month period. The six weeks limit has been converted to a set number of hours, and is based on whether the WEI is a member of a 2-parent family or single parent with a child age six or over, or is a single parent and has a child under the age of six. If the WEI is a single parent and has a child under the age of six, the maximum number of hours that are countable for that WEI is 120 per rolling 12-month period (6 weeks x 20 hours per week). If the WEI does not have a child under the age of 6 or is a member of a 2-parent family, the maximum number of countable hours is 180 per rolling 12-month period (6 weeks x 30 hours per week). The first 12-month period of the 120 or 180 hours limit for each client begins with the first month after September 30, 2008 in which any hours in job readiness/job search are counted and ends in the twelfth month from that month. Each 12-month period thereafter is considered as a rolling period and will consist of the current report month plus the previous eleven months.

During the course of a 12-month period there may be a change in circumstances that would change the maximum number of countable hours for the WEI. For instance, if the youngest child of a single parent WEI turns 6 years old, the maximum countable hours for that WEI would increase from 120 hours per rolling 12 month period to 180 hours per rolling 12 month period. Likewise if a child is born to a single parent WEI, the maximum hours change from 180 to 120. Additionally, if a single parent with a child under age 6 becomes a member of a 2-parent family (mutual child in the assistance unit), for federal reporting purposes the maximum countable hours for that WEI would increase to 180 hours. If a WEI in a 2-parent family becomes a WEI in a single parent household and has a child under age 6 the maximum number of hours would decrease to 120. In either situation, the change to the maximum hours is effective beginning the month following the month the change occurs, unless, the change occurs on the first day of the month. If the change occurs on the first day of the month, the change to the maximum hours is effective for the month of the change.

Therefore, if the work eligible individual (WEI) has used all of the 120 hours allowable in the 12 month period, an additional 60 hours of participation in JOBS/JOBR becomes available to the WEI the month after the child turns 6 years old (unless it is the first of a month) or when the WEI becomes a member of a 2-parent household regardless of the child's age. Conversely, if a WEI in a single parent family without a child under 6 years of age has such a child, the average hourly participation requirement per week would drop from 30 hours per week to 20 hours (180 to 120 per 12 month period). If 120 or more hours have been counted for this activity in the 12 month period, participation hours will not be countable again until the participation hours in the 12 month period drops below 120 hours.

D. Verification/Documentation of Actual Hours of Participation

Actual hours of participation in job search and/or job readiness activities must be supervised daily and documented weekly in order for the hours to count toward meeting the work requirements. If the service provider is a vendor or contractor, the documentation and verification of client participation (attendance and progress) must be provided to the CM by the provider by the third workday after the last participation day in each week, except for client absences, uncooperative behavior (including late arrivals and early departures) and supportive service needs. Absences, uncooperative behavior and supportive service needs must be reported to the CM immediately or by the next work day. The CM must document each week's participation hours as stated below within three workdays after receipt of the documentation/verification from the provider.

1. For job search contacts supervised by the CM (which includes the client's self-initiated contacts), each day's contacts must be documented on the 1707 or other state approved form by the client and submitted weekly to the CM. The CM must randomly verify the contacts listed on the 1707 or otherwise reported to the CM with the potential employers by the third workday after the last participation day in each week.
2. After the participation hours have been verified, the hours attended, holiday hours, and excused absence hours must be documented on the Unpaid Hours Computation Worksheet (UHCW); then entered and tracked on the appropriate tracking form immediately after receipt of the verification from the provider or contact (potential employer), but no later than the third workday. The date of receipt of the verification and the completion of the UHCW and tracking forms must be recorded in the case narrative.

Note: Countable excused absence hours must be calculated between the 1st and 20th of the following month on the UHCW. Therefore, these hours must not be included in the weekly hours entered as participation hours on the tracking form. See the instructions for completion of the JOBR/JOBS Tracking forms and the UHCW for detailed information for counting and tracking excused absence hours.

3. When assigning a client to the job search/job readiness component, the case manager must first anticipate the number of hours that will be countable for federal reporting purposes. The tracking I and II forms must be used for this purpose. The CM must also determine the appropriate component code to enter on ZD23 in the Component Assigned To field (JOBS, JOBR, or UJOB). The appropriate code will be determined based on whether the hours assigned, either alone or combined with hours in other activities is anticipated to equal or exceed the number of hours needed to meet the client's average weekly hours participation requirement for the month, i.e., 30, 20, 35, or 55 weekly hours, as appropriate.
 - a. If it is anticipated that some or all of the hours for the month or the assigned period will be countable, the JOBS or JOBR code, as appropriate, must be entered in the Component Assigned To field on ZD23. The tracking form must also be used to determine the number of hours that are countable and to document all participation hours (countable and uncountable) in the assigned period.

- b. If it is anticipated that none of the hours for the month or the assigned period will be countable, the Component Assigned To code must be UJOB. Refer to policy in section E below. **None** of the hours shown in a UJOB activity on ZD32 are countable toward meeting the participation rate. However, all hours on ZD32 for the UJOB activity will be reported in the federal reports. Therefore, enter only “attended” hours on the ZD32 screen for this component as stated in 2) below.

Please note that counseling hours as described in “B2” above must be included on ZD32 in the hours listed under JOBR to be counted. Until further notice, hours shown separately on ZD32 for the COUN component will not be counted, but will be reported.

4. **For JOBR and JOBS placements, during the month of participation**, use the top part of the Unpaid Hours Computation Worksheet (UHCW) to document actual attended, excused and holiday hours each week as verification is received. Use the Job Readiness/Job Search Tracking I or II form each week in addition to the UHCW to calculate the number of hours that may be counted for each week and the number of hours remaining in the 120 or 180 limit at the end of each week.
5. **For the JOBR/JOBS placements; between the 1st and 20th of the month following the month of participation or when the assignment ends, whichever is earlier:**
 - a. Complete the Total Countable Monthly Hours Worksheet (TCMHW) that is attached to the Job Readiness/Job Search Tracking form. Put a copy in the case record.
 - b. On the UHCW, enter the actual Total Countable Monthly Hours from the Total Countable Monthly Hours Worksheet
 - c. Determine the number of countable excused absence hours by following the instructions for completing the Total Countable Exc Hrs field on the UHCW and the Subtr Ex Hrs field on the Job Readiness/Job Search Tracking form; then if there are any hours to be counted for the activity, enter the results in those fields on the worksheet and tracking form, respectively. The Total Actual Monthly Hours and Average Weekly Hours will be automatically calculated and entered on the worksheet; and the Adj 12 Mo Bal (adjusted 12 month balance) will be entered on the tracking form. Print a copy of both forms and place them in the case record.
 - d. Complete the UHCW for all other components according to the instructions for completion of the worksheet and section 530-A, and print a copy of the worksheet.
 - e. Once the Total Combined Countable Wkly Hours (in the bottom section of the UHCW) for all countable component and employment hours have been calculated, determine if the hours in that field equal or exceed the number of hours needed for the client to meet her/his weekly participation requirement for the month, and:
 - (1) If the total weekly hours equal or exceeds the client’s required weekly average;

- Complete the Excused Absence Tracking form and print a copy.
- From the ZD23 screen for the JOBR/JOBS, access the appropriate Report Month Update Screen (ZD32). Complete the Attended, Excused, and Holiday fields using information from the UHCW as follows.

The Total Countable Monthly Hours field on the UHCW contains both attended and holiday hours; however, these hours must be entered separately on ZD32. Therefore, to determine the number of hours to be entered in each field, first compare the actual number of holiday hours shown in the top part of the UHCW to the Total Countable Monthly Hours and enter the smaller number in the Holiday field; then, subtract the number of holiday hours from the Total Countable Monthly Hours and enter the results in the Attended field.

In the Excused field, enter the Total Countable Exc Hrs from the UHCW.

Once the Monthly Hours fields have been updated, the Average Weekly Hours will be automatically calculated and entered in that field. The Average Weekly Hours on ZD32 should be the same as the Average Weekly Hours for the corresponding JOBR/JOBS component on the UHCW.

For federal reporting purposes, any hours entered on ZD32 for JOBR or JOBS will be counted toward (subtracted from) the 4 consecutive weeks and the 120 or 180 hours (six weeks) limit as appropriate. Furthermore, any excused absence hours entered will be counted toward (subtracted from) the 80 hours limit.

(2) If the total weekly hours are less than the client's required weekly average,

- On the UHCW, change the component name from JOBR or JOBS to UJOB. In the Total Countable Monthly Hours and Total Countable Exc Hrs fields for the component, change the numbers previously entered to zeros. The Total Actual Monthly Hrs and Average Weekly Hours will be automatically recalculated to zeros. Print a copy of the revised UHCW and attach it to the previous copy (in "d" above).
- If the hours have been subtracted from the 120 or 180 limit on the JOBR/JOBS tracking form, they must be added back to the remaining balance. To do this, on the tracking form (in Excel), for each week for which hours are to be added back to the remaining balance, tab to each user-entry field and delete the data. Print a copy of the revised tracking form and attach it to the front of the previous tracking form. Document the change in the case narrative.
- On the Excused Absence Tracking form (in Excel), delete any excused absence hours that have been entered for the JOBR/JOBS component in the same manner as stated in the preceding bullet for the JOBR/JOBS tracking

form, and document the change in the case narrative. Print a copy of the revised Excused Absence Tracking form and attach it to the previous form.

- Close the JOBR/JOBS component. On ZD23, tab to the Component Status field and change the code to WC. Tab to the Status Date field and change it to match the Placement Date. Tab to the Actual End Date and change it to match the Status Date.
 - **Do not** enter any monthly hours on the corresponding ZD32 screen for the JOBR/JOBS component.
 - Open a UJOB component on a new ZD23 screen according to the instructions in Appendix B. Then, on the corresponding ZD32, enter the number of attended hours in the Monthly Hours field on ZD32. Do not enter Excused or Holiday Hours.
6. Once the client has completed the maximum hours countable for federal reporting purposes (120 or 180 hours as appropriate) for any 12-month period, if the client will continue to be engaged in job search and/or job readiness activities during the 12-month period, the UJOB code must be used as the component code.

Follow steps above for each rolling 12-month period the client is assigned to job search and/or job readiness activities.

E. Expanded Uncountable Job Search (UJOB)

Clients determined to be job ready at assessment/reassessment may be placed in the expanded uncountable job search (UJOB) activity if no other component or other work activity is available or appropriate. This activity may be assigned for up to 4 weeks. There is no limit on the number of times a client may be placed in this uncountable job search activity; however, assignments should not be for more than 4 consecutive weeks and each subsequent assignment must follow completion of another component such as CEMP or VOCT.

1. During this 4-week period or less as assigned, the client should look for work using all methods that are available such as the internet, the newspaper, in person contact or through the Career Center.
2. The client is expected to spend at least 10 hours per week looking for work and this expectation should be clearly explained to the client and documented in the IJP.
3. There is no requirement for daily supervision or contact with the client, or completion of forms such as the UHCW.
4. If the client does not have a job at the end of the expanded UJOB assignment s/he should be placed in CEMP or other core component.
5. Supportive services may not be provided.
6. Following assignment to expanded UJOB, ZD23 should be completed showing the date assigned as the placement date and 10 should be entered in the Scheduled Weekly Hours field.
7. Between the 1st and 20th of the month following the month of participation or when the assignment ends, whichever is earlier:
 - Access the Report Month Update Screen (ZD32) and enter 10 hours in the attended hours field for each week the expanded UJOB was assigned (Ex. If the assignment was for two weeks 20 should be entered, if the assignment was for 4 weeks 40 should be entered).
 - Do not enter Excused or Holiday hours.

520 COMMUNITY EMPLOYMENT

A. Community Employment (CEMP) Overview

Community Employment is a work activity performed in return for welfare (FA plus Food Stamps benefit amounts) that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. The purpose of Community Employment (CEMP) is to improve the employability of those individuals who cannot find unsubsidized employment.

1. Placements may be made in public, private, for-profit or non-profit agencies/business. Placements must be designed to help prepare the client to obtain unsubsidized employment by allowing her/him to develop a current work history and establish references for future employment seeking efforts, as well as develop and improve her/his marketable skills.
2. The length of an assignment to a specific work site will be made based on whether the agency/business is non-profit or for-profit as follows:
 - a. Non-profit – Assignment may be for up to six months or until the participant finds unsubsidized employment, whichever is earlier. Until further notice, on ZD23, the Component Assigned To field should be CEMP and the Type Program field should be UNWK.
 - b. For-profit – Assignments may be up to 3 months or until the participant finds unsubsidized employment, whichever is earlier. Until further notice, on ZD23, the Component Assigned To field should be CEMP and the Type Program field should be OTHR.
3. CEMP placements should focus on the teaching of soft skills, such as arriving at work on time or following instructions, and hard vocational skills, such as the use of a computer, filing, or operating various trade tools. In arranging the placement the JOBS CM should identify the individual's employment needs and attempt to place the person in a work site that best matches that participant's needs.
 - a. An assessment of the individual's skills, interests, the labor market, and available training sites should be conducted to select the most appropriate work site.
 - b. The work site must provide the participant with a productive training experience, competent daily supervision, and a safe work environment.
4. Assignment to Community Employment is appropriate if:
 - a. The client has completed job search/job readiness and has not found unsubsidized employment; or

- b. No other appropriate core activity is available; or
 - c. The client is unable to obtain unsubsidized employment; and
 - d. The client does not have a disability preventing participation.
5. The duration of the CEMP placement:
- a. The placement should not exceed the periods stated in "2" above, unless there is reasonable documentation that a short extension of the placement would be beneficial to the client. The extension may last one month at a non-profit or for-profit agency/business.
 - b. There is no limitation on the number of times a client can be assigned to a different CEMP placement.
6. The CM should verify participation and attendance with the work site supervisor monthly.
- a. Describe the verification and date received in the case narrative.
 - b. When the verification is received from the work site supervisor, complete the Unpaid Hours Computation Worksheet (UHCW) according to the instructions in Appendix A and as stated in "B" below.
 - c. Enter the actual monthly hours for the month from the UHCW on ZD23 between the first and 20th of the following month.
7. If the client remains unemployed after successfully completing the CEMP placement, the client may be placed in Job Search and/or Job Readiness for one month before being assigned to another CEMP placement.
8. Clients placed in CEMP will be eligible for the same supportive services as other participants. In addition, individuals participating in a CEMP placement may receive up to \$8 per day, and up to a maximum of \$40 per week for each week of participation. Refer to section 620 for more information.

B. Determining the Number of Hours the Client Must Participate

A client does not receive a wage for participating in community employment. Instead, the client will be required to participate in a CEMP placement for no more than the number of hours resulting from totaling the amount of the client's FA and Food Stamp (FS) benefits and dividing that total by the current federal minimum wage. This ensures that the client receives at least the current minimum wage per hour (in FA and FS benefits) for participating in the work experience program in accordance with fair labor laws. Therefore, the maximum number of hours the client may be required to participate each month may not exceed the number of hours resulting from the calculation rounded down to the nearest whole number.

The client may be required to participate for fewer hours; however, if fewer hours are required, deeming as described in “6” below does not apply.

1. Use the Community Employment (CEMP) Hours Calculation worksheet to calculate number of hours as follows:

- a. For a FA only household with only one adult mandatory for JOBS (no other Food Stamp recipients): Combine the total amount of the FA benefit (including any amount deducted for recoupment or sanction) with the food stamp allotment and divide by the current federal minimum wage. The result (rounded down) is the maximum number of hours the client may be required to participate during the month.

Example: Ms. Jones receives \$215 in FA benefits and \$369 in food stamps for a total of \$584 for herself and her eight year old twins. The current federal minimum wage for this example is \$7.25. \$584 divided by minimum wage of \$7.25 is 80.55. The 80.55 must then be rounded down. In this case, the maximum number of hours that the client may be placed in CEMP for the month is 80.

- b. If the FA recipient is in a combined Food Stamp (FS) household (some family members do not receive FA), only a prorated amount of the FS benefits would be used in the calculation of work hours. To calculate the prorated amount, divide the FS benefit amount by the number of members in the combined FS household, then multiply that number by the total members in the FA budget.

Example: If Ms. Jones lives with her grandfather, Mr. James, who receives \$500 in FS benefits for himself, Ms. Jones, and her two children, the FS benefit must be prorated prior to calculating the maximum required hours. To arrive at the prorated amount, divide \$500 by 4, which equals \$125 per FS member. Then multiply \$125 by 3, which equals \$375 ($\frac{3}{4}$ of 500). Ms. Jones’ prorated FS benefit amount is \$375. \$375 FS benefits added to her \$215 FA benefit equals \$590 total combined FA and FS benefits. The current minimum wage for this example is also \$7.25. \$590 divided by the minimum wage of \$7.25 equals 81.37. Ms Jones may be required to participate in CEMP for no more than 81 hours for the month (81.37 rounded down). Mr. James is not required to participate in CEMP since he is not included in the FA assistance unit.

- c. A single parent with a child under the age of 6 is counted in the “All Families” work participation rate if she successfully completes an average of 20 *core* hours per week. However, she is still expected to complete all hours assigned, even if the number of average weekly hours (the maximum required monthly hours divided by 4.33) is greater than 20. Failure to do so without good cause would result in noncompliance action according to Chapter 7.
- d. The hours of CEMP for a two-parent family may be completed by either parent or split between the two parents. In order to correctly deem hours (see “6” below) up to the required core requirement for a two-parent family, it is necessary to add the hours of participation from each parent together and post them on ZD32 for only one of the parents. Thorough documentation in the narrative will be required if this occurs.

Example: Mr. and Mrs. Abercrombie receive \$215 in FA benefits and \$369 in FS for themselves and their one child. The CEMP Hours Calculation displays a total of 89 monthly hours as the requirement for the family. Either parent could be placed in CEMP for 89 hours per month or the hours could be split between the two of them. Mr. Abercrombie is placed in CEMP for 49 hours and Mrs. Abercrombie placed for 40 hours. Since hours should only be posted in the CEMP component for one parent in order to facilitate deeming, open a CEMP component for Mr. Abercrombie. The 89 CEMP total hours required for the month from item 5 on the CEMP Hours Calculation worksheet for the family is entered on ZD23 for Mr. Abercrombie in the field CEMP MONTHLY HOURS REQUIRED. Two separate Unpaid Hours Computation Worksheets are completed, one for each parent. The calculated total monthly hours of attendance, excused absence hours, and holiday hours for both parents is added together and posted on ZD32 under Mr. Abercrombie's CEMP component. The holiday hours for only one parent are posted as holiday hours, but holiday hours for the other parent can be posted as excused absence hours. Keep in mind there is a limit on excused absence hours for one person. The actions should be thoroughly documented in the case narrative. **NOTE:** Please see "5" below in regards to additional hours that may need to be assigned in order to meet participation requirements.

2. The following restrictions apply to the assignment of CEMP hours:
 - a. The client may not be required to work a specific number of hours per week. This allows flexibility in the work schedule for the client and the sponsor;
 - b. No client may be required to work more than the number of hours derived from the calculations described above, and no hours above that number should be entered on the ZD23 and/or ZD32 screens;
 - c. The client may not volunteer to work additional hours at the work site; and
 - d. The number of hours required for the CEMP placement combined with the number of hours in another activity may not exceed an average of 40 hours per week for any given month.
3. The calculation of the maximum number of hours to be worked must be made prior to placement and at the beginning of each month that the client participates in the CEMP placement, regardless of whether there is a change in the amount of the FA and/or FS benefit amount.
 - a. For the calculation of the maximum number of hours that may be required for each month of participation, review the payment history screens on FACETS and SCI-II to determine the amount of the FA and FS benefits. If both amounts have been the same for the last three consecutive months, use the most recent month's amounts to calculate the number of hours, unless it is known that the amounts will change.

- b. If the FA and/or Food Stamp benefits fluctuated significantly in those months, consult with the PA and/or FS worker to determine the anticipated amount of benefits for the month. Use the anticipated amounts in the calculation.
4. The maximum number of required hours per month (from the calculation worksheet) must be provided to the client and the work site supervisor before the first day of the assignment and whenever the number changes. The work site supervisor will schedule the days and hours to be worked during each week. The CM may assist in the scheduling if requested by the work site supervisor or client.
5. If the maximum number of required hours results in a weekly average that is less than 20 for a single-parent family, less than 30 for a two-parent family without subsidized childcare or less than 50 for a two-parent family with subsidized childcare **and** the client participates for the maximum number required, deeming of hours as stated in “6” below will apply. In these instances, a client in a 1-parent family should be assigned to at least 15 additional hours per week and a client in a two-parent family should be assigned to 5 or 10 additional hours per week in other countable activities to equal the 35 or 40 hours per week average as stated in section 210-A. If the average weekly hours in CEMP are more than 20 or 30, subtract that average from 35 or 40, as appropriate, to get the number of hours that should be assigned each week in other activities.
6. “Deeming of hours” is a process whereby additional hours will be automatically added to the number of attended, excused absence and holiday hours to bring the countable hours to an average of 20, 30 or 50 hours per week, if the deeming criteria is met. Deeming is applicable only to the CEMP component. To meet the deeming criteria, the client must participate for the maximum number of hours that may be required for the month **and** the client’s average weekly hours (attended, excused, and holiday) for that month must be less than 20 (for a single-parent family), 30 (for a two-parent family without subsidized childcare) or 50 (for a two-parent family with subsidized childcare).
 - a. When the client is initially placed, complete ZD23, including the Scheduled Monthly Hours and CEMP Monthly Hours Required fields. The information will be automatically displayed on ZD32. Do not complete the Scheduled Weekly Hours field.
 - b. Between the 1st and 20th of the month following each month of participation, or when the assignment ends, whichever is earlier:
 - complete the Unpaid Hours Computation Worksheet according to the instructions;
 - review the payment history screens on FACETS and SCI-II to determine the actual amount of FA and FS received during the previous month;
 - then recalculate the maximum required hours for that month and if they are different from the previously entered hours, change the CEMP Monthly Hours Required field accordingly on ZD23 or ZD32;

- Compare the recalculated maximum required hours to the Total Actual Monthly Hrs on the UHCW. If the two are not equal, deeming will not occur. Furthermore, if the CEMP hours will not be countable, revise the UHCW according to section 530-A7d.
- Complete the actual Monthly Hours fields on ZD32 using data from the Unpaid Hours Computation Worksheet (UHCW) for the previous month.

FACETS will automatically calculate and enter the Average Weekly Hours field after <Enter> is pressed. The average should be the same as the average on the UHCW.

- c. On ZD32, if the total participation hours entered in the Monthly Hours fields equals the CEMP Monthly Required Hours, and the Average Weekly Hours are less than 20 for a single-parent or less than 30 or 50 for a parent in a 2-parent family, additional hours will be added to bring the average weekly hours to 20, 30 or 50 hours, as appropriate.

This deeming is an automated process that requires no additional entries by the CM. Please note that the CEMP Deemed Weekly Hours fields on ZD32 and ZD33 will be completed automatically, but not until after the monthly processing for the TANF federal report is run (which is usually between the 25th and the end of the month following the month of participation).

C. Working with CEMP Work Site Sponsors

1. The CEMP sponsor may not use a participant to fill a vacant employment position if another individual is on strike/layoff from the same or an equivalent position or terminate or reduce the hours of a regular employee to place a CEMP participant. Refer to section 910 for more information regarding recruiting sponsors, introducing CEMP, county DHR and sponsors' responsibilities, etc. In addition to information in that section, the following also applies.
2. The work site supervisor must provide the client with information on the agency's established policies and procedures for orientation, dress code, safety training, absenteeism, disciplinary measures, and termination.
3. The work site supervisor must agree to provide verification of attendance to DHR for each month by the tenth of the month following the month of participation, and to notify DH5-32R immediately if the client is absent or other participation issues arise.
4. The CM must determine good cause for all absences. However, if the work site supervisor excuses the absence, the CM should consider that in the determination. If the absence is not excused but the client has time and makes up the missed hours within the month, a referral to PA for a non-compliance penalty should not be made.

5. If the work site supervisor approves, the exact hours a client works during a given week may vary to allow for excused absences such as doctor's appointments, as long as the required number of hours is worked each month.

Example 1: Ms. Searcy is scheduled to work 30 hours per week or 6 hours each day for 5 days each week. She has a doctor's appointment on Wednesday. Her work site supervisor allows her to work 8 hours on Tuesday and 4 hours on Wednesday.

Example 2: Ms. Lindquist is scheduled to work 30 hours the first two weeks of the month, 20 hours the third week, and no hours the last week of the month. The last week of the month could be used to make up hours missed during the month.

D. DHR Volunteer Insurance: Volunteer Insurance Program

1. **General Information:** Coverage under DHR's Volunteer Insurance Program (VIP) is provided to all clients placed in Community Employment through an automated registration process when ZD23 is completed. The State DHR Finance Office handles this coverage.
 - a. VIP is available for any client who is actively engaged in Community Employment (CEMP).
 - b. The two options under which a client may be covered include:
 - (1) The DRIVER option; and
 - (2) The NON-DRIVER option.
 - c. Unless otherwise specified when the client is registered, CEMP participants are covered under the NON-DRIVER option.
2. **Registration:** To register a client, complete the fields on FACETS screen ZD23 "CEMP Insurance Discussed?" and "CEMP Emergency Contact and Phone". You must complete these fields when assigning or placing the client, but coverage is not effective until the placement date. The client must be in placed status in the CEMP component and insurance must have been discussed with the client in order for coverage to be effective. Coverage will automatically terminate when the authorization period expires or the component is otherwise closed. Monthly reports are printed and distributed to the Finance Office and Family Assistance Divisions at SDHR.
3. **Nature and Extent of Coverage:** VIP includes two separate options, depending on whether the client, as a part of her/his official CEMP duties, is expected to transport individuals in a privately owned vehicle.

a. **NON-DRIVER Option**

- (1) **Personal Liability Insurance** provides the client protection up to \$1,000,000 per occurrence for a personal injury or a property damage liability claim arising out of the performance of the client's official CEMP duties.

NOTE: Under this coverage, the insurance company will defend any covered suit **against the client** seeking damages on account of personal injury, bodily injury or property damage which exceeds any other valid or collectible insurance available to the client.

- (2) **Excess Accident Medical Coverage** provides for medical treatment required as the result of a covered accident and applies while the client is traveling directly to and from the CEMP work-site. (This provision includes transporting a child to and from childcare while en route directly to or from the work-site.)

- (3) Coverage under the NON-DRIVER option is in excess of and non-contributing with any other insurance the client may have. If another liability or medical insurance policy covers the client, including Medicaid, that coverage is the primary provider. VIP covers only the portion of a valid claim, which exceeds the maximum applicable level of protection under the primary coverage.

- b. **DRIVER Option:** The DRIVER option should NOT be authorized without requesting special permission from the Finance Office. Contact the JOBS Policy/Automation Help Desk for information on requirements for this option.

4. **Addressing Concerns Regarding Coverage:** The CM must not make statements to the client or the sponsor regarding coverage other than what is provided in this Chapter or through guidance obtained from the Finance Office.

- a. Coverage provided through VIP does NOT protect the sponsor from incurring a liability. The coverage should, however, provide the sponsor an adequate level of comfort in most situations.

- b. The CM must not address questions or concerns from sponsors regarding the sponsor's liability or other legal requirements, for example, issues related to Unemployment Compensation or Workman's Compensation.

5. **Handling a Claim:** If the client or sponsor reports an accident which has resulted in personal or bodily injury **to the client**, or property damage, contact the JOBS Policy/Automation Help Desk through regular procedures and request specific instructions regarding filing a claim.

525 TRAINING AND EDUCATIONAL ACTIVITIES

This section describes the educational activities that are countable toward meeting the participation requirements. *Hours spent in an actual classroom, attended virtually, online, or through distance learning may all be considered as attendance hours if attendance is supervised. See section 525-D below for information concerning homework hours and verification of attendance.*

A. Vocational Education Training (VOCT)

Vocational educational training is organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training, including a baccalaureate or advanced degree. It does not include vocational counseling. See Section 525-D and 530 below for verification and documentation requirements.

Vocational training must be provided by education or training organizations which may include, but is not limited to, any of the following:

- Vocational-technical schools
 - Colleges or Universities
 - Post-secondary schools
 - Proprietary schools
 - Non-profit organizations, such as DRS
 - Secondary schools that offer vocational education
1. The training may involve any formal instruction in a skill or trade, traditionally referred to as job skills training that prepares the client for a vocation or organized educational programs that lead to a baccalaureate or advanced degree. Examples of technical programs include those that are designed to prepare a client for a specific occupation, including, but not limited to, nursing, plumbing, electrical, auto mechanics, and barbering. The training may or may not result in a certificate or degree. These types of training may also be considered as job skills training. See “4b” below for actions to take in these instances.
 2. Time spent performing clinicals, lab work or other activities required for nursing or other VOCT programs is considered to be a part of the primary activity for which it is required and is countable, as appropriate, toward meeting the federal work requirements described in Chapter 2.

3. Unless the client has already completed job readiness/job search activities or is enrolled at the time of assessment or placed by DRS, a client may be assigned to VOCT only after the client has completed job search/job readiness activities.
4. Participation is countable toward meeting the federal participation rate for up to 12 months per client. The CM must manually track the 12 months until notified otherwise. The VOCT Tracking Form must be used for this purpose. To ensure the hours are not reported as countable after twelve months, the case manager must not assign clients to the VOCT component on ZD23 after 12 months.
 - a. Most of the activities under the VOCT component are also allowable under the job skills training (JSTR) component. However, VOCT is a core activity and JSTR is a non-core activity. Therefore, placement in VOCT should take priority over placement in JSTR.
 - b. When assigning a client to an activity that falls under both components, the case manager must make a determination as to which component the client will be assigned on ZD23. To do this, the case manager must first determine if the client has already participated in VOCT activities for 12 months.
 - (1) If not, and the VOCT hours are needed to meet the core hours requirement, the client should be assigned to the VOCT component for up to the 12-month maximum as appropriate.
 - (2) If so, the client may not be placed in the VOCT component again. Also, do not place the client in VOCT if s/he is meeting the core hours' requirement through participation in another core activity. If the client is already participating in the educational or training activity, determine if the activity can also be considered as job skills training as stated in "B" below or another allowable component as described in this chapter or Chapter 4. If so, assign the client to that component on ZD23. If not, do not approve the client's participation in the activity. Also, do not provide payment for supportive services for the client's participation in the activity. The client will be expected to participate in other activities as appropriate and available.

B. Job Skills Training (JSTR)

Job skills training directly related to employment is training and education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to meet the changing demands of the workplace. Job skills training includes customized training to meet the needs of a specific employer or it can be general training that prepares work eligible individuals for employment. As stated above most of the activities under the VOCT component are also allowable as non-core activities under JSTR. This can also include literacy instruction or language instruction, but only when such instruction is explicitly focused on skills training directly related to employment. The training must be supervised daily.

1. Hours of participation in job skills training are countable toward meeting the participation rate only if the client is participating in a core activity for at least 20 hours.
2. Some training activities, such as nursing and certified nurse's aide (CNA) training, meet the criteria for both vocational education training and job skills training, and therefore may be considered (counted) under either component. Such training should be considered and entered on FACETS as vocational education training up to the maximum twelve-month period. If such activities are appropriate after the 12th month, the VOCT component should be closed and reopened as JSTR as stated in "A4b" above.

C. Educational Activities (EDUC and EDEM)

Educational activities include education that is directly related to employment and secondary education (high school diploma and GED) as described below. A client may be placed in either one of these activities if s/he has not received a high school diploma or GED (certificate of high school equivalency). However, the client's participation is countable only as described below.

1. Education directly related to employment (EDEM) includes educational courses related to a specific occupation, job, or job offer. This includes courses designed to provide the knowledge and skills for occupations or work settings but may also include adult basic education and English as a Second Language (ESL). It may also include education leading to a GED if a GED is required as prerequisite by the employer or occupation.

Activities under this category are considered non-core activities for all clients. Therefore, participation in such activities is countable toward meeting the work rate only if the client is participating for at least 20 hours in a core activity.

2. Secondary education (EDUC) is an activity designed to result in a client receiving a high school diploma or a GED. Most of these activities are available free to clients through local boards of education, community colleges, and community-based organizations.

Secondary education differs from education directly related to employment in that it is not restricted to those clients for whom obtaining a GED is a prerequisite to employment. Also, secondary education does not include other related educational activities, such as adult basic education or language, unless it is a part of the curriculum for getting a high school diploma or GED.

- a. Secondary education is a core activity for parents under age 20 who have not obtained a high school diploma or GED. It is also **required** as a point of eligibility for these parents who are under the age of 18 and unmarried. Therefore, if the parent is under age 20 and attainment of a high school diploma or GED is the appropriate activity, s/he should be assigned to the EDUC component, rather than the EDEM component.
- b. Secondary education is a non-core activity for parents age 20 and older. A parent who is age 20 or older and who has not attained a high school diploma or a GED may participate part-time (in addition to other core activities) or full-time (as the sole JOBS activity) in secondary education. However, if the client is participating full-

- time to the exclusion of participation in a core activity, none of the hours are countable toward meeting the work rate.
- c. A high school diploma is useful in preparing clients to maximize their employment potential. CM's are, therefore, encouraged to routinely assign secondary education, as appropriate, in addition to the required core work activity, for any client who is age 20 or older and who does not have a high school diploma or GED.
3. When determining whether to assign a client to EDUC or EDEM, several factors must be considered, including but not limited to, the age of the parent and whether the education is needed as a prerequisite for a specific type of employment.
 - a. If the client's goal is to obtain a high school diploma or GED, the client should be assigned to secondary education or GED (EDUC), especially if the client is a parent under age 20.
 - b. If the client needs stand alone educational classes as a prerequisite for a particular job, but completion of the classes will not lead to a high school diploma or a GED, the client should be assigned to education directly related to employment (EDEM).
 4. To be countable toward meeting the work rate under either category, the client's attendance must be satisfactory as defined and set by the educational facility. Even though satisfactory progress is no longer a requirement to be countable, the case manager should use the educational facility's judgment of satisfactory progress which should include a qualitative measure, such as grade point average and a quantitative measure, such as a time frame within which the participant is expected to complete the education, to determine if remaining in this activity is appropriate.
 5. If a client does not attend satisfactorily as required by the educational facility, the hours are not countable toward meeting the participation requirements. However, this does not mean the client will be penalized for the failure. Follow procedures in section 710-E.
 6. Participation must be supervised daily.

D. Verification/Documentation of Hours in Training and Educational Activities

Time spent doing homework or studying are countable toward meeting the federal participation requirements. The educational program must verify (written or orally) the number of homework hours required or advised. When the program verifies the number of hours advised, it may be applied for each client who attends classes through that school. The total amount of supervised or unsupervised homework time counted as hours of participation may not exceed the number of hours required or advised by the school the client is attending. Please contact the JOBS Policy Automation HelpDesk if assistance is needed with obtaining the advised number of homework hours from the school.

If a client is 19 years of age or under and attends a local high school program full-time, it will not be necessary for the case manager to verify or calculate homework hours. However,

attendance must still be provided by the high school and documented in the case record per policy. The attendance of grantees in high school (C referral status code) must be reported, verified, and tracked monthly. Teen parents coded "T" are voluntary participants and must have school attendance verified in the months of January, May, and August per policy in Section 205-A3.

Case managers will follow the instructions in section 530 for verification/documentation of unpaid hours. Here are a few guidelines that specifically apply to vocational and educational attendance.

1. Definitions of Supervised and Unsupervised Homework Hours

- a. *Supervised Homework Hours are those hours that are supervised by the case manager per 2a below. They can also include any homework hours that the educational institution would supervise on campus such as study halls. These hours would be documented daily by the case manager or reported monthly by the school.*
 - b. *Unsupervised Homework Hours are hours in which the client independently performs tasks in their home or on campus but not as part of a group. Daily hours are not tracked.*
- 2. Supervision of Attendance by the Case Manager - Case managers will be the primary source of attendance hours, and may supervise and document the hours of participation, including homework hours, if she or he is in ongoing contact with the client and has adequate evidence that the individual is making satisfactory progress.**

- a. *Ongoing contact is email communication from the client every day the client participates in the activity. The email will contain a statement from the client that they attended class as required, the number of homework hours completed, and assignments/grades received, worked on, or completed in the day. The daily contact will be documented in the narrative and printed and placed in the case record.*
- b. *A weekly phone call or in-person meeting will be held between the case manager and the client to discuss progress in the component. Satisfactory progress will be indicated by actual grade reports, completed homework assignments or projects, test scores, or other such verification of positive advancement. Such verification must be obtained from the client and placed in the case record.*
- c. *If the attendance hours are supervised by the case manager, the homework hours are also considered as supervised. If the client is attending as required and making satisfactory progress in the activity, all hours of homework advised by the educational program may be included with the attendance hours up to the total number advised. For example, if the school advises two hours of homework per one hour of class time, the case manager may calculate the number of monthly hours based on the scheduled hours in class and add the total to the actual class*

attendance hours. That sum would be the total monthly hours of attendance posted in FACETS. So, while the client reports the actual number of homework hours they perform, the number of hours added to the class hours will be the total number as advised by the school if the client is making satisfactory progress. Use the calculation tool located at the bottom of the Unpaid Hours Computation Worksheet to determine the number of homework hours to be added to class attendance hours.

- d. If the county has tried to obtain the number of advised homework hours from the school, and cannot get that information, the monthly amount of actual, supervised homework hours may be added to the attendance hours and posted in FACETS as long as the client is making satisfactory progress. The case manager will calculate the actual homework hours as reported by the client and add those to the actual class hours attended.*
 - e. If the client is not making satisfactory progress in the month of attendance, no hours of attendance or homework may be posted as countable hours in FACETS.*
 - f. The definition of satisfactory progress can be found in section 210-C.*
 - g. At the end of an instructional period such as a quarter or semester, if the client does not demonstrate satisfactory progress, any subsequent months of educational activity must revert to verification of hours by the instructor/provider or other third party in order to be considered as attendance hours.*
- 3. Supervision of Attendance by the Educational Institution** – *if the county has an established agreement with the school to provide supervision of the class attendance by completion of the Monthly Attendance Progress Report, or if an online school can provide verification of class attendance electronically, this will be allowable as long as the county submits the agreement/plan for the verification /documentation with the school to SDHR Family Assistance Division for approval. The request may be sent via the JOBS Policy Automation HelpDesk. If the county chooses this option for a client, the policy for adding unsupervised homework hours will apply. Up to one hour of unsupervised homework time for each hour of class time is countable toward meeting the federal participation requirements but cannot exceed the total number of hours advised by the school. The total number of unsupervised hours must be calculated using the tool located at the bottom of the Unpaid Hours Computation Worksheet. The number “1” will be entered in the first cell representing the number of homework hours allowed per hour of scheduled class time. If the school cannot give an advised number of homework hours but remains responsible for daily supervision of attendance, the homework hours cannot be included or reported with attendance hours.*

530 VERIFICATION/DOCUMENTATION OF UNPAID HOURS

Verification and documentation procedures are the same for community employment, vocational educational training, job skills training, education related to employment and secondary education activities. These procedures are described below. *See section 525-D for additional guidelines that apply specifically to vocational/educational activities.* Hours of participation that are not verified and documented as stated may not be countable in meeting the work rate. See section 515-D for the overall verification and documentation requirements for job readiness/job search activities. However, procedures for determining the number of excused absence hours for countable job readiness/job search (JOB/JOBS) activities are the same as for all other unpaid activities; and therefore, are stated in “A5” below.

A. Actual Hours

Actual hours of participation in these activities must be verified and documented in the case record monthly. For federal reporting purposes, actual hours include the actual hours the client attended, holiday hours which the client would have been scheduled to attend if it was not a holiday, up to 16 hours per month of excused absence hours, *supervised homework hours up to the required or advised hours given by the educational program*, and up to one hour of unsupervised homework per hour of class time in an educational activity. See “A5” below for other limitations on the number of countable excused absence hours.

1. **Countable Holidays:** The countable holidays are the same for all unpaid activities. The hours are countable only if the activity is countable. The hours may be counted as actual hours only if the provider is closed to business or the provider allows the client the time off in observance of one of the holidays listed below and the holiday falls on a day the client would have otherwise been scheduled to attend the activity. Countable holidays are restricted to 10 days per year for observance of the following events:

New Year’s Day; M.L. King/R.E. Lee Birthday; G. Washington/T. Jefferson Birthday; National Memorial Day; Independence Day; Labor Day; Columbus Day/Am. Indian Heritage Day; Veteran’s Day, Thanksgiving; and Christmas.

These holidays must be observed on the same day(s) as observed by the state government. If the component’s provider is closed in observance of a holiday but the day they are closed does not fall on the same day as observed by the state government, the hours may be considered as excused absence hours and are subject to the limits as detailed in “5a” below.

2. **Verification:** The county staff must make contact with each provider to discuss how the provider will document the clients’ participation and share that information (verify) with the county. If assistance with any part of these contacts is necessary, contact the JOBS Program Consultant. Once contact is made with the provider, explain the following requirements to the provider:
 - a. Verification and documentation of the number of daily attendance, absence and holiday hours are required to count these hours in the calculation of the work rate.

Verification and documentation of the client's progress in an activity is requested to determine if the client should remain in the activity. Contract providers and local vendors with which the county has a signed agreement for services must complete and sign the Monthly Attendance/Progress Report for this purpose. Other providers will be requested to complete this form, but verification provided on other documents or over the telephone will be accepted.

- b. Verification of each client's participation hours must be provided to the county monthly or as otherwise requested.
- c. All absences and indications of unsatisfactory progress must be reported to the county immediately (same or next business day) for appropriate case action.

If a non-contract or non-vendor agreement provider is unwilling to verify participation and/or progress under the terms stated above, the CM will accept verification under the terms to which the provider agrees. Document all efforts to get verification and the responses or lack thereof from the provider. If any provider refuses to verify the client's participation and/or progress as requested, including completion of the Monthly Attendance/Progress Report, notify the JOBS Policy/Automation Help Desk through usual channels and protocol.

- 3. Upon receipt of verification/documentation of the client's participation hours, the verified hours must be documented on the Unpaid Hours Computation Worksheet (UHCW) and referenced in the case record narrative. Describe the verification and record the date it was received in the narrative. A worksheet for each calendar month and instructions for its completion are located in Appendix A on iDHR. The worksheet is an Excel document and the instructions are in a Word document.
- 4. Actual hours must be calculated and documented on a separate ZD32 screen for each component each month as stated in "B" below.
- 5. **Excused Absence Hours and Countable Excused Absence Hours:** An **excused absence** is an absence for which the client had good cause. There is no penalty against the FA benefit for excused absence hours. The CM will follow policy and procedures as stated in Chapter 7 to determine if a client's absence is to be excused based on information received from the client, the service provider, and other sources, as appropriate.

There are no limitations on the number of hours a client's absence may be excused for good cause reasons. However, there are limitations to the number of excused absence hours that may count toward meeting the participation rate. For this reason, the Excused Absence Tracking I and II forms must be used to ensure the limits are not exceeded.

- a. **Countable excused absence hours:** Effective October 1, 2008, up to 16 hours of excused absences per participant per month can be added to actual attended hours in combined unpaid activities to allow a client to be countable in the participation rate. Up to 80 excused absence hours may be used per rolling 12-month period. The total

excused hours for any day may not exceed the daily scheduled hours or 8, whichever is less.

- b. Countable excused absence hours cannot be determined until after hours in all components and employment have been verified and documented on the Unpaid Hours Computation Worksheet (UHCW). Use the worksheet to determine the number of countable excused absence hours for each month as stated in “7” below. Excused absence hours should only be entered on FACETS as necessary to ensure the total combined weekly hours in all activities will allow the client to meet her/his weekly participation requirement.
 - c. Once the total countable excused absence hours have been determined, complete the EXCUSED ABSENCE TRACKING I or II form, as appropriate, according to the instructions. The form is divided into two parts, the first 12-month period (tracking I form) and the rolling 12-month periods (tracking II form), because after the first 12 months, the months and hours in each 12-month period will be different. The forms and instructions are located in Appendix A on iDHR. Review and complete the form each month to make sure that the 16 and 80 excused absence hours’ limits are not exceeded.
6. **Completing the Unpaid Hours Computation Worksheet (UHCW):** The UHCW is an Excel document designed to document and calculate the total actual hours of participation in component activities and employment for each month. A worksheet for each calendar month is created by the Family Assistance Division and placed in Appendix A on iDHR.

Hours must be entered on the worksheet between the 1st and 20th of the month following the month of participation or at the end of the assignment, whichever is earlier, according to the instructions for completion of the worksheet. The worksheet is color-coded, and entries are allowed only in the colored spaces.

- a. In the top section of the form, there are color-coded columns for entry of hours for each component. Hours for components other than JOBR or JOBS should be entered in the Comp 1 and Comp 2 columns. The third column is designated for JOBR, JOBS and UJOB hours. Refer to section 515-D for instructions for completing that column. For each day the client is scheduled to attend a component, enter the total number of scheduled and actual attended (Att), excused absence (Exc) and holiday (Hol) hours for that day in the corresponding designated space. The total number of hours are automatically calculated and entered in the Total space at the bottom of each component section.
- b. Below the top section is a space to enter the excused absence hours’ balance from the previous month’s tracking form or 16, as appropriate. This entry serves as a reminder of the maximum number of excused hours that may be countable for the month. The entry will be 16 for the first five months in the first twelve-month period. The combined total of excused absence hours for all components may not exceed that number.

- c. The next section is designed to automatically calculate the total actual participation hours for each component once those hours have been entered in the top section. The user must enter countable homework and excused absence hours.
- For educational components only, determine the total number of countable homework hours for the month *per section 525-D* and enter the results in the Total Hmwk Hrs field.
 - Determine the total countable excused absence hours for the month and the number that will be countable for each component according to the instructions for completion of the Total Countable Exc Hrs field. Complete the Total Countable Exc Hrs field for each **countable** component. If a component is not countable, do not enter excused absence hours. Instead, enter a zero in that field or leave it blank. The component is not countable if it is not listed in section 220-A **or** it is listed in that section, but the number of participation hours alone or combined with other component and/or employment hours are not enough to meet the client's weekly average participation rate requirement.
- d. The last section of the worksheet is designed to calculate the total weekly average in all activities, including employment. The only entry necessary by the user is the number of weekly employment hours. Once those hours are entered, the client's total weekly average hours for the month will be calculated and entered in the last space in that section.
- If the weekly average hours meet the client's weekly average requirement, print a copy of the worksheet for the case record. Use the information from that worksheet to complete ZD23 and ZD32.
 - If the weekly average hours do not meet the client's weekly average requirement, print a copy of the worksheet for the case record. On the same worksheet in Excel, delete any excused absence and holiday hours. Excel will automatically recalculate the weekly average without those hours. See section 515-D for instructions for revising JOBR and JOBS hours. Then, print a copy of the revised worksheet, attach it to the previous worksheet and file both in the case record. Use the revised worksheet to enter hours on ZD23 and ZD32.

B. Completing and Updating ZD23 and ZD32

Information regarding the client's participation must be entered on ZD23 and ZD32 as stated in this or other referenced section. Information regarding the component must be entered on ZD23, Component Placement Add/Update, including but not limited to, the name of the component, the client's status in the component, assignment and placement dates, and scheduled hours. The number of actual participation hours must be entered on the corresponding ZD32, Report Month Update Screen. This screen must be created on ZD23. Component information from ZD23 and ZD32 for each report month will be automatically displayed on ZD33, Report Month Inquiry.

1. When the client is assigned to a component, complete ZD23 for that component. A separate ZD23 screen must be completed for each component. Each ZD23 screen should be accessed from the ZD22 list screen. Use the screen and field level Help screens for guidance on codes to be used.
 - a. When a client is assigned to a component, the Component Status code should be “PA” until the client actually begins the activity. Do not complete the Report Month or other fields in the bottom section of the screen until the client’s component status is placed (PL).
 - b. On the date the client is scheduled to begin the activity (or the next workday), verify through the service provider whether the client began the activity and the date.
 - If the client did not begin the activity and will not begin it within the next 10 days, close the component using the “never placed” closure code. Do not create a report month (ZD32 screen) for this type of closure.
 - If the client began the activity, update the Component Status field to “PL,” enter the Placement Date, create a report month (ZD32 screen) by entering the month and year of the placement in the Report Month field, and complete the other fields at the bottom of the ZD23 screen as appropriate. Do not complete the Scheduled Weekly Hours field for CEMP components, as the weekly hours should be flexible.
2. If the client participates for any number of hours, the hours must be entered on ZD32 as stated below or in sections 515-D and 520-B5, even if the client’s total actual weekly average does not meet her/his total required weekly average, and therefore, are not countable toward meeting the participation rate requirement. The hours should be entered on ZD32 between the 1st and 20th of the month following the month of participation (report month) or within 10 days after the date the client’s assignment to the component has ended, whichever is earlier. The hours must be verified and calculated on the Unpaid Hours Computation Worksheet (UHCW) before entering them on ZD32. See section 515-D for instruction for completing ZD23/32 for job readiness/job search activities and section 520-B5 for CEMP activities. For all other activities, complete ZD32 as stated below.
 - a. From ZD22, access ZD23. On the ZD23 screen, tab to the Report Month field and enter the report month for which the hours will be entered. Or, if the correct month and year are already displayed in the field, press the PF7 key to go to the ZD32 screen for that month.

On ZD32, enter the number of Attended, Excused and Holiday hours from the UHCW and Verification Date (the date the hours were verified); then, press <Enter>. FACETS will automatically calculate and enter the Average Weekly Hours for that component. The average weekly hours are the total of the hours in the Attended, Excused and Holiday fields divided by 4.33, and should be the same as the Average Weekly Hours for the corresponding component on the UHCW.

- (1) Include countable homework hours for educational components in the Attended hours' field by entering the number shown in the Total Attd and Hmwk Hrs field on the UHCW. For all other components (other than JOBR/JOBS) enter the hours shown in the Attended Hours field on the UHCW.
- (2) Do not enter excused absence or holiday hours on the ZD32 screen for any component:
 - that is countable in the participation rate without the addition of excused absence or holiday hours, or
 - that is uncountable in the participation rate because the hours of participation in conjunction with other JOBS activities including any excused absence or holiday hours is not enough to meet participation requirements for the client.

The component is uncountable if it is not listed as a countable activity in section 210-A or if it is listed in that section, but the total hours of participation either alone or combined with other component or employment hours do not meet or exceed the number of average weekly hours necessary for the client to meet her/his participation requirement in accordance with federal guidelines. See section 210-A for the federal average weekly hours requirements.

- (3) For VOCT, if the client participated in other core activities for enough hours to meet the core or total hours' requirement without including the VOCT hours or the VOCT hours either alone or combined with other component and/or employment are not sufficient to meet the client's required weekly average or it is determined the VOCT component was opened in error, close the VOCT component and do not enter hours on ZD32.

If the hours have already been entered, change them to zeros. Access ZD23 and close the VOCT component using component closure WC and change the Status Date and Actual End Date to match the Placement Date. Press <Enter> to save the closure; then press the PF9 key to return to the ZD22 screen.

From ZD22, access a new ZD23 screen (new sequence) and open a JSTR component for the month. Enter JSTR as the Component Assigned To. The Component Assigned Date, Placement Date, Status Date, Provider ID, Type Program, and Planned End Date should be the same as the closed VOCT component. Enter "PL" as the Component Status and the date the component ended in the Actual End Date fields. Enter the month and year of participation in the Report Month field and the scheduled weekly and monthly hours, as appropriate. Press <Enter> to save the data. Then, press the PF7 key to access the corresponding ZD32 screen.

On the ZD32 screen, complete the Monthly Hours fields and the Verification Date as stated above.

- b. Hours of participation that are not entered for each month as stated above or that are entered after the 20th of the month may not be counted in the participation rate.
 - c. Hours of participation may be entered on ZD32 after the component is closed as long as the WATS case is still in open status. To do so follow steps stated above.
3. ZD33, Report Month Inquiry Screen, is a replica of the ZD32 screen and should be used for inquiry purposes only, i.e., to view hours entered for the component in each report month. No entries are allowed on this screen. The screen may be accessed from ZD23 by pressing the PF8 key or from ZD32 by pressing the PF11 key.

The Family Assistance Division is operating a subsidized employment program that is currently available for FA recipients statewide. In this program, the County DHR JOBS Program staff is responsible for all aspects of the program's operations, including the recruiting of employers and placement of clients with those employers. Our goal remains employment for those who are not employed, advancement for those who are under-employed, as well as training and work experience for those in need of it.

A. The Recruitment Process

1. The client must be contacted by the JOBS case manager and provided a copy of the "SEP Participant Fact Sheet", an explanation of the program, and what will be expected of her/him before the referral is made to an employer on the client's behalf. The contact should be made over the phone whenever possible to expedite the process. Supportive service needs must also be addressed, and other participation issues resolved to the extent possible during the contact. The contact and the results must be documented in the client's JOBS case record.
 - a. Clients who have good work potential (as determined through the JOBS assessment) should be given top priority for referral, recruitment and placement efforts. *However, if clients are highly skilled and have the credentials to obtain sustainable employment, or already have sustainable employment, subsidized employment should not be the first option.*
 - b. In general, a client may be considered to have good work potential if s/he has a successful participation history, i.e., completed or is currently participating in job readiness and/or job skills training, CEMP, or other work experience program, participated satisfactorily in the Summer Youth Employment Program or held another job, and has demonstrated a willingness to become employed. However, there are other circumstances under which a client may be determined to have good work potential, such as a client who has never been employed due to her/his age or other circumstances beyond the client's control, but has otherwise demonstrated a willingness and ability to be employed.
 - c. Clients who are deferred because of issues/problems that are currently irresolvable should not be referred.
2. Contact potential SEP employers by phone to schedule a meeting to discuss the SEP Program.
 - a. At the meeting DHR staff will give the employer a packet of information which will include the "SEP Employer Fact Sheet" and "JOBS Subsidized Employment Program Employer Wage Reimbursement Request" forms, and explain the program to the employer.
 - b. If the employer subsequently hires the client, the DHR staff member will complete the "JOBS Subsidized Employment Program Agreement" with the employer. The

staff member will also provide information and explanation to the employer on how to request reimbursement (subsidy) for the client's wages.

B. Policy and Procedures

The employer will be reimbursed 100% of the gross wages paid to the SEP participant by the employer.

1. The employment will be subsidized for 30 to 40 hours per week in high growth and high demand jobs.
2. The physical location of the place of employment for a subsidized employee must be within the State of Alabama.
3. *A placement in subsidized employment is not permissible if the total of the FA recipient's household income including the anticipated subsidized wages exceeds 300% of the federal poverty level.*
4. *Work from home placements are not allowable as subsidized employment.*
5. *SEP requires that if the hourly wage offered by a subsidized employer exceeds \$15.00 an hour, the county director must approve the agreement. Complete the SEP Hourly Wage Exception form located in iDHR Subsidized Employment Program section.*
6. The actual length of the subsidy period will be 12 months. The subsidy period will be determined and authorized by the JOBS case manager or supervisor in collaboration with each employer. However, re-verification of the employment hours is still required in the sixth month of a projection period according to JOBS Program Policy in section 510-B4 of the JPPM. JOBS cases with employment that needs to be re-verified are listed on the "JOBS Employment Hours to be Re-Verified" (PSWJZ221) report on ERD.
 - a. Clients who are placed in subsidized employment are eligible for no more than 12 calendar months. All months of the subsidy period are not required to be consecutive or with the same employer. The 12 months of the subsidy period is cumulative and does not start over again even if there is a break in employment. Please use the "SEP Tracking Form" that can be found with the other SEP Forms (in iDHR / Important Links / Subsidized Employment) to facilitate tracking of the 12 months in the subsidy period.
 - b. The first month of a subsidy period is the first month for which wages will be paid by the employer for hours the client worked in that month and may be different from the month the client is actually hired and/or paid. The subsidy period may begin on any day of the month but will always end on the last day of the month, even if the subsidy is paid for only a part of that month.

Example 1: The employer hires the client on 3/31/16. The subsidy period is for 12 months. The client starts work on 4/11/16. The employer pays the client on 5/6/16 for

hours worked beginning 4/11/16. Although the client was hired in March, the first month of the subsidy is April 2016. The last month of the subsidy is March 2017. The authorization period is 4/11/16 through 3/31/17.

Example 2: The employer hires the client on 1/22/16. The client starts work on 1/25/16. The employer pays the client on 2/2/16 for hours worked beginning 1/25/16. The subsidy period is 1/25/16 through 12/31/16.

Example 3: The client was previously employed through SEP for 4 months from August 2016 through November 2016 before the SEP employer withdrew from the program. On 3/11/17 the client was hired by a different SEP employer and the client started work on 3/20/17. The client is paid on 4/2/17 for hours worked beginning 3/20/17. The subsidy period is 3/20/17 through 10/31/17 (8 months) since the client has already participated 4 months in SEP.

- c. Once a client is certified for a subsidy period, they may remain eligible for the subsidy period even if their TANF benefits terminate, as long as the following requirements are met:
 - 1) They remain a resident of Alabama,
 - 2) Their income is below 300% of the federal poverty level,
 - 3) The assistance unit contains an eligible child, and
 - 4) TANF benefits are not terminated due to failure to cooperate with JOBS or Child Support.
7. There is no limit to the number of clients for which an employer may receive a subsidy.
8. The subsidy will be provided through the end of the established period or the date the client quits, is terminated, or fails to meet any of the requirements in B3c above, whichever is earliest.
9. *After the agreement is signed, changes to the hourly rate require a new agreement. Since changes to the reimbursement rate will only be effective upon approval as well as signatures of all parties of the new agreement; the employer should notify the case manager of any changes ASAP (preferably in writing).*
10. The SEP termination notice, "JOBS Subsidized Employment Termination Notice", must be sent to the employers by the case manager when the subsidy ends, with copies to State DHR and the JOBS client, regardless of the reason for the termination of the subsidy.
 - a. If the FA benefit terminates due to noncooperation with JOBS and/or Child Support or the client becomes ineligible according to the other requirements listed in "B3c" before the last month of the authorized subsidy period and the client will retain the employment, the termination notice must be sent 14 days in advance of the effective date of the subsidy termination. The advance notice should be sent no later than the end of the next workday after the day the case manager learns of the ineligibility of the client for subsidized employment. The subsidy must not end before the 14th day from the date of the termination notice.

Example: Subsidized employment is authorized for 1/25/16 through 12/31/16. On 3/20/16, the case manager is notified that the FA benefits will terminate due to Child Support noncooperation effective 3/31/16. To allow the 14-day advance notice, the subsidy may not be terminated before 4/3/16. The case manager dates and sends the employer the “JOBS Subsidized Employment Termination Notice” on 3/21/16 stating the subsidy will terminate effective 4/4/16, the 14th day from the date of the notice.

- b. If the client becomes ineligible for the subsidy for any reason, in the last month of the authorized subsidy period, advance notice is not required. However, the termination notice should be sent to the employer, State DHR, and the client by the end of the workday immediately following the day the case manager learns the client is no longer eligible.
- c. If the client quits or is terminated before the authorized subsidy period ends, the subsidy will end on the last day the client worked and received pay. Advance notice is not required. However, the termination notice must be sent as stated in "b" above. The employer should be asked to notify the case manager of the change; however, it remains the client's responsibility to report the change.

11. Once a JOBS client is hired by an employer:

- a. Reassess the client and have them sign a new/updated IJP. As part of the IJP have the client agree to provide the first two pay stubs received by the SEP employer.
- b. Enter the employment on ZD11 with “99” in the Weekly Scheduled Hours field until the paid hours are verified; enter “02” in the Type field, and enter “SEP” before the name of the employer in the “Employer Name” field.

A FACETS-generated printout, “JOBS Cases Coded as Subsidized Employment” (PSWJRI25), will be generated the middle of each month to show all clients with a “02” code in the Employment Type field on ZD11.

The printout shows the client's name and SSN, the employer’s name, employment type, and the number of weekly scheduled hours. It should be used to ensure information for all clients in the SEP program is entered correctly and timely on FACETS. For the most part all clients shown on the printout will be participating in the SEP program; however, there may be a few clients shown whose employment is subsidized by public programs other than TANF. Review FACETS screen ZD11 for each client listed.

- c. Update the Participation Status code on ZD21 to EM.
- d. Notify PA, Food Assistance, and the Childcare Management Agency, as appropriate, and send a copy of the “SEP Employment Agreement” with each notification as verification of the employment.
- e. Send the SEP Agreement, a completed, signed W-9 form, and the Vendor Request Form to the Family Assistance Division by email to dhf.sep@dhr.alabama.gov. The subsidized employer cannot be reimbursed for wages until the agreement has been

- received at State DHR.
- f. Send a notice to the client with a Response Due Date for 10 days after the date the employer anticipates the client will receive the first pay stub. Inform them of the requirement to submit that pay stub to the county office as verification of actual paid hours upon receipt. Refer to the SEP Agreement.
 - g. If verification of the hours has not been received from the client by the Response Due Date of the alert, **do not** consider the client noncompliant without good cause if s/he does not provide the stubs. Instead, send an email to dhr.sep@dhr.alabama.gov stating the need for verification of the paid hours. In the email, include the name and last four numbers of the SSN of the client, the employer's name, and the name of the county in which the client lives. When the employer requests reimbursement of the wages, s/he must provide verification of wages paid, including the number of hours. State DHR Family Assistance staff will send the county a copy of that verification when it is received.
 - h. **As soon as verification of the paid hours is received, determine if the hours are representative of the anticipated hours as stated by the employer, complete the “Paid Weekly Hours Computation Worksheet”, and change the Weekly Scheduled Hours on ZD11 to show the verified projected hours to ensure the hours are counted toward meeting the participation requirement.**
12. The employer will pay wages to the client through the same payroll procedures used for all other employees and request reimbursement of 100% of the client's wages directly from SDHR. The employer will also be responsible for providing unreimbursed workman’s compensation and other benefits that are provided to other employees with the same work responsibilities.
 13. The employer will submit the reimbursement request form and verification of payments (copy of pay stubs) to the FAD.
 14. The FAD will ensure that an “SEP Employment Agreement” has been received from the County DHR authorizing the subsidy and forward the reimbursement request form to the appropriate SDHR staff for payment.
 15. SDHR Finance will reimburse the employer upon receipt of a complete and accurate reimbursement form and wage verification.

CHAPTER SIX

SUPPORTIVE SERVICES

600 OVERVIEW

- A. Supportive services are provided as a means to help JOBS clients, including teens, attain and/or retain suitable employment, facilitate the client's participation in approved JOBS activities (including high school), and assist the client in overcoming barriers to self-sufficiency. These services, subject to the provisions and restrictions included in this chapter, may be authorized for any activity that is approved as a part of the client's self-sufficiency plan (IJP, WAP, SFRP) or authorized according to section 650-C. **The need for supportive services, or the lack thereof, must be discussed with the client and documented in the client's self-sufficiency plan and/or case record narrative.**

Expenses for supportive services may be paid or reimbursed through two methods, FACETS or county WR initiative funds. See section 660. Generally, if the client has paid the expense, has an open JOBS case and FACETS edits allow entries, the expense should be authorized and reimbursed through FACETS. If the expense is paid directly to the provider, authorize the expense on FACETS if the client has an open JOBS case, and make payment using Welfare Reform Initiative Funds. The provisions and restrictions as described for each category of services apply regardless of the payment/reimbursement method.

It is very important that upon learning that a client has become employed or there has been a change in previously reported employment, the need for supportive services and how that need will be met be discussed with the client and documented in the client's self-sufficiency plan. Also see "E" below before placing a client in a component.

1. Except under extenuating or special circumstances, the effective date for authorization and/or reimbursement/payment of a service will be the date the client requested the service or the self-sufficiency plan (IJP, WAP, etc.) was or should have been signed or updated, whichever is earlier. Extenuating or special circumstances include instances when the client has good cause for not requesting the service when needed, the need for services cannot be timely established through no fault of the client, or an administrative error occurs. An administrative error occurs when the CM failed to act timely or correctly. These circumstances must be clearly documented in the case record narrative.
2. Supportive services may be authorized and paid, as appropriate, for any client who gains and timely reports suitable employment beginning with the first day of employment, if the client is otherwise eligible. If the employment is not timely reported, supportive services may be authorized and paid beginning with the date the employment is reported to the agency, if the client is otherwise eligible. Supportive services may be authorized, as appropriate, for a client who gains and timely reports unsuitable employment under these conditions only if the client otherwise participates satisfactorily and makes progress in another work activity as described in Chapter 5, including applying for and accepting suitable employment.

3. A client who gains and timely reports employment to the agency or the Childcare Management Agency (CMA) may receive childcare as stated in “1” above, and according to sections 610 and 650-B. (See section 650-B regarding childcare for clients who become ineligible for FA due to employment, and are transitioning into the workforce.) The client may also receive other services through Short-term Employment Aid (SEA) as described in section 650-C.
 4. A client who is assigned to OJT is eligible for supportive services as described in this chapter for employment as long as the client remains in OJT.
 5. A client who attends counseling or receives other work enhancement services as described in Chapter 4 which has been approved by the CM as part of the self-sufficiency plan may receive additional supportive services, as determined appropriate by the CM, which allows her/him to take advantage of the services.
 6. A client who is/was a member of a FA unit that has been disqualified for FA purposes due to noncompliance with JOBS or child support requirements may not receive supportive services during the disqualification period, except for the purpose of obtaining or retaining suitable employment.
- B.** Supportive services may NOT duplicate any payment made or services provided by other sources for the same service during the same period of time. Reimbursement to the client or payment to the provider may be made for actual expenses, up to the applicable maximum reimbursement rate. Such payments/reimbursements may be made only to the extent that those expenses exceed any payment made by another source or any amount disregarded (specifically for the expense) by the PA worker in determining initial or continuing eligibility for FA. Up-front payments to the client are not allowed, unless otherwise specified.
- C.** A client may not receive any supportive service reimbursement/payment if the client does not incur a cost (provided at no charge). For example, if a client’s child will attend Head Start during the hours the client is scheduled to participate in JOBS activities, no JOBS childcare payment may be authorized or paid for that child.
- D.** Supportive services are NOT entitlements. A supportive service should not be authorized or paid unless a client demonstrates that the service is needed in order to work or participate in a JOBS activity, s/he cannot afford to pay for the service, and payment for the service cannot be made through other sources. The determination of need for the service should be documented in the case record and as a part of the client’s approved self-sufficiency plan before payment is authorized. If the client or other adult family member has earned income, the JOBS Budget Worksheet (JBW) must be used to document the financial need for supportive services and to determine the amount of financial aid needed. See “I” below. If the client or other adult family member has unearned income other than the FA benefit, the JBW may be used for these purposes. If the family is receiving FA and no adult family member is employed, the family is considered to be financially needy, and the use of the budget worksheet is not necessary to document financial need.
- E.** Prior to referral or placement of a client in a JOBS activity, the CM should assist the client in removing barriers to participation and authorize supportive services as stated in “J” below.

1. The CM must discuss and resolve all issues regarding the need for and attainment of supportive services before placing the client in a JOBS activity. The discussion must take place during the development of the client's self-sufficiency plan. The CM may not require a client to participate in an activity if the supportive services necessary for the client to participate are unavailable, unaffordable, or inappropriate.
 2. Once the CM and the client have agreed upon a particular activity, the CM must enter the component activity on ZD23. If additional time is needed for the client and/or CM to make arrangements or get approval for a particular supportive service such as childcare through the Childcare Management Agency (CMA), it must be granted. The component status on ZD23 should be coded "PA" until all supportive services are in place, i.e., arrangements made and approvals received by the client **and** the client has actually begun the component activity.
- F.** The monetary limit established for each category of supportive services must not be exceeded unless approval is obtained in advance from the JOBS Policy Automation HelpDesk.
- G. The County Department has the authority to determine if supportive services are necessary in order to allow a client to participate in JOBS. However, the client may request a State Office Review or a formal Fair Hearing if dissatisfied with the county's decision to deny, reduce or terminate supportive services.**
- H.** Any allowable supportive service to which a client may otherwise be eligible may be authorized in order to enable compliance during months the client's FA benefits are reduced because the client is **servicing a sanction**. Authorization need not be delayed until the client's full FA benefits are restored.
- I.** For any category of expenses, only the amount that the client cannot afford to pay and/or cannot secure payment through other means may be authorized and reimbursed/paid. If an adult family member is or becomes employed, the JOBS Budget Worksheet must be used to determine and document need and the amount to be paid for any supportive service requested on behalf of a family member, **except childcare**. The JBW must also be completed for non-FA recipients requesting short-term employment aid (SEA). In these instances, complete the worksheet with the adult client requesting the assistance as stated below. A copy of the worksheet is in Appendix A. When determining the amount needed and preparing the worksheet the following must be discussed with the client: family's expenditures, family's net income, the client's plan for paying the expense, and the length of time the client anticipates assistance will be needed. Verification of expenditures other than the one for which reimbursement/payment is requested is not required, unless questionable, but must be reasonable. Examples of reasonable expenditures include, but are not limited to, rent or house payment, car payments and/or related transportation expenses, utilities, insurance premiums, food and clothing, educational expenses, medical expenses, etc.

1. The JBW is to be completed with the FA grantee or other adult family member requesting the service, in a face-to-face contact or over the telephone. If the client requesting the supportive service assistance and completing the worksheet is an adult other than the FA grantee or spouse, consider only the income and expenses of that individual and her/his immediate family living in the home. The immediate family for this purpose is the individual's spouse, children under age 19, and other related children under age 19 over whom s/he exercises parental guidance and control.
2. When the client initially requests assistance in paying for a supportive service, determine the need for the assistance, the length of time assistance will be needed, the amount to be paid, and help the client develop a budget plan for paying expenses in the future. The budget plan should include the amount of income and expenses the client anticipates s/he will have in the next three months and how the expenses will be paid. The CM must assist the client in anticipating future income and expenses, and document the plan in the case record narrative and on the JBW. The budget plan will assist the client in learning to effectively budget income and expenses, and the CM in determining current and future need for assistance.
 - a. For the initial expense payment request, the need for and the amount of the payment must be based on available net income and unpaid expenses that are due beginning with the date of the request through the date by which payment of the expense requested must be made.

Example: On 3/14, client requests payment of car repair services of \$400 to enable her to begin employment on 3/21. The auto repair shop will repair the car and have it ready for the client to begin work if payment is received by 3/20. Client will receive her first paycheck on 4/1. Consider only income available to the family and expenses that must be paid from 3/14 through 3/20.

- b. After the initial payment of expenses is made, complete a JBW for the next three months, beginning with the month following the month the initial expenses were paid. Consider anticipated monthly net income and expenses for each of the three months to determine if the client will be able to pay expenses for those months. This may require completion of more than one worksheet if income and/or expenses vary from month to month.

Example: Using the example in "a" above, in addition to the worksheet completed for March using income from 3/14 to 3/20, worksheets must be completed for April, May and June. The family's net income for all three the months is anticipated at \$2000 and expenses at \$2500 for April, \$1900 for May, and \$1500 for June. A worksheet must be completed for each month, April through June.

- c. If the client is a FA recipient and monthly expenses will consistently exceed the monthly net income, assistance may be provided as long as the client is a FA recipient and is otherwise eligible. However, if the client is not a FA recipient and monthly expenses will be more than the monthly net income for five consecutive months, pay only the initial expense (if allowable under the SEA category), as the need is not temporary. In either situation, discuss with the client elimination of expenses that are not necessary for the family's basic needs, document the discussion, including the expenses that will be eliminated and the projected date of the elimination. Refer the client to money management counseling, if appropriate and available. Future requests for assistance may be denied if the client does not eliminate unnecessary expenses as planned without good cause. However, the client may not be considered non-compliant for this failure.
 3. The payment authorized may be the entire amount of the expense up to the appropriate limit or a portion thereof as appropriate. To determine the amount of the expense that may be reimbursed/paid, determine the amount of family income and expenses for the period of time assistance is being requested.
 - a. Consider the net income of adult family members that is used to pay the expenses listed on the worksheet, including FA benefits and *an adult member's* SSI.
 - b. Do not consider the Food Stamp allotment amount as income. Likewise, do not consider the cost of food that is purchased with the Food Stamps benefit as an expense.
 4. Compare the family's expenditures to the family's net income to determine the portion of the expense that the client cannot afford to pay. Any income above the expenses should be applied toward payment of the expense.
 5. Provide payment only for the portion of the expense that the CM and client agree the client is unable to afford.
- J.** If the client has an open case on FACETS, all supportive services must be opened and closed on ZD25 as instructed in Appendix B, Section 2, part V. A supportive service must be closed even if the authorization period has expired.
- K.** Federal regulations prohibit the use of TANF funds for services to certain non-citizens and all illegal immigrants. This includes provision of supportive services through the JOBS Program and the SAIL Project. Also, there are conditions that must be met by certain legal immigrants to receive TANF benefits/services. Because these prohibitions apply to the FA Program, a FA recipient is deemed to have met the citizenship or legal immigrant requirements, and may receive JOBS supportive services and participate in the SAIL Project, if otherwise eligible.
- L.** Requests for reimbursements or payments for supportive services must be processed upon receipt or as soon as possible, but no later than 3 workdays after receipt. If this deadline is exceeded, the reason must be documented in the case record narrative.
- M.** It is the CM's responsibility to explore other resources that are known to be available in the community for payment of expenses before making payments as stated in this chapter. The

exploration of other resources, outcomes, or the fact that there are no known resources to pay the expense must be documented in the case record.

605 Types of Supportive Services

- A. Clients should be provided information about the types of supportive services available through the Department or through referral to another agency. Written information regarding services described below or elsewhere in this manual must be approved by the Family Assistance Division in SDHR before releasing to a client or the public. Expenses that may be reimbursed or paid are divided into expense types/categories as listed below.
- B. Types/Categories of Supportive Services:
1. Child care payment/reimbursement;
 2. Participation-related expenses;
 3. Transportation expenses;
 4. CEMP expenses;
 5. GED testing expenses;
 6. Domestic Violence Alternative Services (DVAS);
 7. Counseling (\$35 per ½ hour, 12 hours per 3-month period);
 8. IBEA expenses;
 9. Driver’s license reinstatement fees, and
 10. Short-term **Employment Aid Services (SEAS)**.
- C. Expenses may **not** include payment, either directly to a vendor or reimbursement to a client, for the purpose of purchasing the following:
1. Home
 2. Automobile
 3. Insurance
 4. Medical services
 5. Firearms or other weapons
 6. Tuition for education
 7. Childcare “parental fees” (co-payments)

8. Fines or penalties
9. Incentives, including but not limited to, gift certificates or gift cards
10. Appreciation gifts, flowers, holiday greeting cards, retirement cards, plaques, or awards
11. Property taxes
12. Bond or bail for clients
13. Loans to clients
14. Charges from a service provider for “no-shows”
15. Burial or funeral expenses
16. Fund raising costs
17. Improvements, alterations, or additions to property, unless otherwise specified

Questions regarding payments for other services not specified in this chapter should be sent to the JOBS Policy/Automation Help Desk according to the established procedures.

D. General Information

There are some categories of expenses that may be reimbursed/paid for both component participation and employment, others for the client to participate in specific JOBS component activities, and others may be reimbursed/paid only if the client is employed or has a verified offer of employment. All expenses must be incurred by the client and directly related to the client’s participation in an approved component, or to seek, accept or retain employment, or to otherwise assist the client in becoming or remaining financially self-sufficient.

1. The categories under which a client may be reimbursed or expenses paid on the client’s behalf are based on the activity in which the client is engaged, whether the client is a FA recipient, and/or whether the client is employed as described below. Specific information regarding expenses covered under each category is provided in sections 610 through 640 and 650-B&C.
 - a. Childcare and Transportation: For expenses incurred by FA recipients while participating in any approved component activity, employment, or as otherwise specified in JOBS policy. See sections 610, 650-B, and 630 respectively.
 - b. Participation-related: For expenses incurred by FA recipients while participating in any approved JOBS activity, but not for employment related expenses. See section 615.

- c. Short-term Employment Aid *Services* (SEAS): For expenses incurred by FA recipients, former FA recipients, or SAIL participants to begin or retain employment. See section 650-C.
 - d. CEMP: For expenses incurred by FA recipients while participating in CEMP. See section 620.
 - e. Counseling: For expenses incurred by FA recipients while participating in counseling activities, except those provided directly by the SAIL specialist. See “B” above and section 420.
 - f. GED Testing: For expenses incurred by FA recipients for the cost of taking the GED test while participating in adult education classes or as otherwise stated in section 635 or as approved by the adult education provider.
 - g. IBEA: For expenses incurred by FA recipients related to establishing a small business. See “E” below and section 505-D.
 - h. DVAS: For expenses related to the safety of clients who are victims of domestic violence and are FA recipients or current participants in the SAIL Project. See section 640.
 - i. Driver’s License Reinstatement Fees: For re-instatement fees incurred by FA recipients and certain former FA recipients. See “F” below.
2. To maximize assistance to FA families in moving from FA dependency to financial self-sufficiency, an employed FA recipient who is also participating in a JOBS component may receive reimbursements or payments for expenses incurred while participating in an approved JOBS component and also for expenses incurred from the employment. On the other hand, a client who is not a FA recipient, including FA applicants and former FA recipients, must be employed or be participating in the SAIL Project to receive any JOBS supportive service reimbursement or payment. Such clients are not eligible for JOBS childcare reimbursement/payment for any period of time, but should be referred to the local Childcare Management Agency.
 - a. If the client is a participant in the SAIL Project, s/he may receive reimbursement or payment for expenses incurred under any supportive service category for participation or employment as stated above, but only on a short-term basis. See sections 425-B4 and 640.
 - b. If the client is employed, but not a SAIL Project participant, s/he may receive reimbursement or payment for only those expenses incurred that are related to the employment, i.e., expenses covered under the SEA category.
 3. Provision of the supportive services listed above may not eliminate all client barriers. Some clients may have other barriers that interfere with their ability to locate and keep a job. These barriers may range from a lack of money management skills to the need for proper housing. In addition, because of the limitation on the amount of expenses that may

be paid/reimbursed for each expense category, the amount provided may not cover the full amount of the expenses. It is the CM's responsibility to assist the client in overcoming these barriers whenever possible. In some instances, resources may already exist in the community to address these problems. In other instances, the community resource worker or JOBS Task Force may be able to develop or locate a resource. Clients should be referred to existing resources and services whenever possible. The Individual JOBS Participation Plan (IJP) or other self-sufficiency plan should be amended to reflect these barriers and referrals.

E. Individual Business Entrepreneurial Activities Expenses

Expenses incurred by FA recipients involved in activities as described in section 505-D that are aimed at establishing a small business may be reimbursed to the client or paid on the client's behalf. The expense is a one-time maximum of up to \$100 over a four-month period. The expense must be verified and directly related to those activities. Questions regarding sufficient verification or applicable activities are to be submitted to the JOBS Policy/Automation Help Desk using the established protocol.

F. Driver's License Reinstatement Fees

One of the major barriers to employment and participation in JOBS activities is the client's inability to secure and maintain reliable transportation. It is therefore the responsibility of the CM to assist the client in removing this barrier, preferably through the personal ownership of a vehicle. Some clients have access to a vehicle, either through direct ownership or through a family member or friend, but do not have a valid driver's license. A significant number of clients who have been able to obtain their license have had the license suspended and have been unable to afford the fine for the driving offense plus the fees for re-instatement of the license. While payments for fines (penalties for driving offenses) is prohibited by Department policies, special provisions have been made to assist clients in paying driver license reinstatement fees (administrative costs to re-issue the license). Assistance with the payment of these fees should also help reduce the number of clients who are operating vehicles illegally. CMs are expected to assist the client in paying for the fines and amounts not covered under these provisions through the use of other community resources.

1. The expense may be paid on behalf of or reimbursed to FA recipients (regardless of employment status) and former FA recipients who are employed and request assistance with this expense within 6 months after the effective date of the FA termination.
2. The expense is limited to a one-time payment up to \$250 per client, and may be paid or reimbursed to the client in addition to other transportation-related expenses described in sections 615, 630, and 650-C3.
3. The fee and amount must be verified (orally or in writing) through the Department of Public Safety or the client may provide a receipt showing s/he paid the expense or a document showing how much is owed for the fee.

4. The reinstatement fee may not be paid until the fine (for the driving offense) has been paid and verification of the payment has been received. Therefore it is very important that the CM work with the client to pay the fines through other means.
5. If the client is employed, a JOBS Budget Worksheet must be completed with the client according to section 600-I.

A. General Provisions

Assistance with childcare services must be provided to FA recipients when needed to allow the recipient to work or engage in other JOBS self-sufficiency activities. The purpose of providing payments for childcare expenses is to offset direct financial costs to the family for childcare services. The primary responsibility for delivery of childcare services lies with the Child Care Subsidy Program (CCSP) which is operated by several Childcare Management Agencies (CMA). However, the JOBS case manager (CM) has primary responsibility for taking actions as stated in this section to ensure services are provided to FA recipients who are required to participate in JOBS activities. Policy and procedures for providing childcare services to FA recipients are described in this section. See section 650-B for information on Transitional Childcare.

1. FA recipients may receive childcare assistance through two DHR programs, the Child Care Subsidy Program (CCSP) or the JOBS Program.
 - a. The CM must determine potential eligibility as stated in this section for childcare services through CCSP before authorizing and making payments through a FACETS reimbursement or use of Welfare Reform Initiative Funds (WRIF). Because eligibility requirements of the CCSP differ from eligibility requirements of the JOBS Program (TANF), it is possible that a FA recipient who is eligible for childcare through the JOBS Program is ineligible for childcare through the CCSP.
 - b. Most FA recipients are income eligible for childcare through the Child Care Subsidy Program because of their limited income, but may not meet other CCSP requirements. An exception to income eligibility may occur when a recipient becomes employed and the employment income combined with other income is above the applicable income level for the family size. This situation may occur when the employment income is disregarded for FA purposes. See “B7” below for more information on providing childcare during the 12-month earned income disregard period.
2. The CMA will not make payments in certain instances, even if the client is otherwise eligible. Therefore, if a client is determined to be in need of and eligible for childcare through the JOBS Program, the JOBS CM must make these payments according to “E” below. Such instances include, but are not limited to the following situations:
 - a. Reimbursement to the client.
 - b. Registration or other mandatory fees charged by the childcare provider that are in addition to the regular cost of care.
 - c. The client is engaged in an activity or employed for less than 15 hours per week.
 - d. The client is engaged solely in counseling or other activity where the hours of participation are sporadic.

- e. The length of the activity is four weeks or less.
3. Families should be referred to the local Childcare Management Agency (CMA) for childcare services as stated in “D” below, except as specified above or otherwise in this section.
 - a. Once referred to the CMA, the determination of actual eligibility for childcare services will be made by the CMA based on the policies and guidelines of the Child Care Subsidy Program (CCSP). This means that while the JOBS referral process is designed to facilitate access to childcare services, the families referred must meet the same eligibility requirements as any other family participating in the program.
 - b. If the family is ineligible for childcare through the CCSP, the JOBS CM will determine eligibility for childcare based on policies and guidelines in this section, and if eligible, make payments accordingly.
 4. FA recipients may receive childcare to work or participate in any JOBS activity approved by the CM. The participation may be for any number of hours per week as agreed to by the client and the CM in the client’s IJP, WAP, or Specialized FRP. See “9” below for more information.
 5. All the necessary arrangements must be made (provider chosen and approved, time frames determined, etc.) and the childcare authorized as appropriate **before** a client is “placed” in a component, including job search.
 6. The following conditions apply to eligibility for payments made by the CM for FA recipients.
 - a. The family income must be under the applicable maximum income rate for the family size. See “B7” below for exceptions during the FA earned income disregard period. The income to be considered is all earned and unearned income of all persons included in the family size as stated in “b” below. To calculate the gross monthly income for both JOBS and potential CCSP income eligibility, multiply gross weekly income by 4.333 and biweekly gross income by 2.167.
 - b. In determining family size (composition), the family consists of the child needing the care, his /her siblings under age 18 (including minor parents and their children), the child’s parent/caretaker relative and the spouse of the parent/caretaker relative. The family also includes other children under age 18 over whom the parent/caretaker relative/spouse exercises parental control and guidance, do not have a parent in the home, and are related to the parent/caretaker relative/spouse by blood, marriage, or adoption.

- c. Payments may **not** be made for care provided by a parent, legal guardian, or other caretaker relative. In addition, payment may not be made for care provided by a member of the household or for care provided at no cost to the client. Household in this context is defined as a group of individuals, whether related or unrelated, living together in a common place of residence and comprising one or more family units.
- d. Payments made by the CM will be made at the same rates as those used in the CCSP. If eligible, the maximum rate is to be paid according to “E5” below. The Child Care Subsidy Program’s Provider Rate Chart will be used to determine the maximum amounts allowed for formal care. See “E5b” below for rates for informal care.
- e. The JOBS CM may pay for registration and other mandatory fees charged by a childcare provider as a condition for receipt of childcare services, if the CM determines that provider is the most appropriate and the client is otherwise eligible.
- f. Payment may be made for the following two types of legally-provided care:
 - Informal Care: Care legally provided in the child’s home by either a relative or non-relative or care provided out of the child’s home by a relative (see 8a below) or a license-exempted non-relative.
 - Formal Care: Care provided in a licensed home or licensed or license-exempted childcare center.
7. If otherwise eligible, childcare may be authorized and paid for any child living with and related to the client if the client is directly responsible for the care of the child, including children who would be dependent except for receipt of SSI benefits or Title IV-E Foster Care benefits. Authorization and payment of childcare for children receiving SSI benefits must be handled by JOBS the same as for any other child. If care is needed for a child in foster care or otherwise in DHR custody, the child’s Foster Care or Family Services worker is responsible for childcare for the child, and should make the referral to the CMA or other sources as determined appropriate.
8. Payments may be made to any legally operating childcare provider 19 years old or older. In addition to the age requirement, use the following guidelines (which are consistent with CCSP guidelines) to determine if the provider is operating legally.
 - a. State law requires an individual to be licensed if the individual provides care for children who are unrelated to the individual in the individual's own home for more than four hours per day. Payments may not be made if the individual providing the care is unrelated to the child, is not licensed, **and** keeps the child more than four hours per day.

The individual is considered “unrelated” if s/he is **not** related **to the child** by blood, marriage, or adoption as follows: parent, grandparent, sibling (step or half), uncle, aunt, and spouses of any of these. Verify relationship only if questionable.

- b. Due to wage and hour laws and DHR's maximum payment restrictions, no in-home care (meaning the home of the child, but not the provider) may be authorized for less than minimum wage. CM's should not approve payment for any in-home care unless the number of children in care per hour results in the provider receiving a wage equal to the minimum wage per hour. The parent is responsible for requirements of being an employer and should consult the Alabama Department of Revenue and the Internal Revenue Service for specific requirements.
- c. For payments paid by the CMA, the childcare provider must be registered with the local CMA before payment will be made. See "E" below for additional explanation.

NOTE: Childcare payments may not be made to any childcare provider who is suspected of operating childcare services illegally, i.e., in violation of any one of the above, even if the care provided to the JOBS client is provided legally. A client may not be reimbursed for any payment of childcare that was not legally provided.

- 9. Childcare reimbursement/payment for full-time care may be authorized and paid at the full-time rate for the applicable childcare setting per child per week, unless the care is provided more than 50 hours per week. For childcare needed for a child for more than 50 hours per week, authorize payment at 125% of the applicable full-time rate.
- 10. The hours that childcare is authorized must be reasonably related to the hours of employment or participation in JOBS activities. The length of the authorization period must coincide with the period of time the client is engaged in the activity, on the job, or through the next reassessment, whichever is earlier. The authorization period is not a guarantee of eligibility, but rather an indication of the period of time childcare will be needed for the client to participate in assigned activities.
 - a. If a client is placed in a component with a contingency plan to enter another component activity immediately (within five workdays) after completion of the initial component, childcare should be authorized to cover the period of time necessary for completion of both components, up to the maximum stated above. For example, a client is placed in job search effective 1/1 through 1/14. If the client does not find a job by 1/14, she will begin a CEMP placement at the local high school from 1/17 through 3/31. Childcare is authorized from 1/1 through 3/31.
 - b. If a client is placed in a component activity that is expected to last four weeks or less, and there is no contingency plan for the client to enter another component, do not refer the client to the CMA. The CM must make the payment, if the client is eligible.
 - c. Care must not be authorized for more than six consecutive months, unless extended to allow the CMA sufficient time to determine eligibility through the Child Care Subsidy Program.
- 11. All childcare necessary for a FA recipient to work or participate in a JOBS activity must be authorized on ZD25, regardless of the method used to pay for the care.

B. Assessment of the Need for Childcare

Appropriate and adequate childcare services must be made available (affordable and/or accessible) to FA recipients who are employed and/or required to participate in other JOBS activities in accordance with the Family Responsibility Plan (FRP), Individual JOBS Participation Plan (IJP), and/or as a condition of eligibility for FA. The CM must make an assessment of childcare needs, authorize the care on ZD25 and refer the client to the Childcare Management Agency (CMA) or authorize and make payment for childcare services according to the guidelines in “D” below. If appropriate and adequate childcare cannot be made available to the client, the client may not be required to participate during the hours such care is not available. The CM is also responsible for providing the client with general information regarding childcare providers in the area and/or referring the client to the local CMA before placing the client in an activity. See “3” below for more information on the contents of information to be provided.

1. See section 600 for more information on providing supportive services. To ensure that appropriate childcare is available to FA recipients, the CM must discuss childcare arrangements with the client before placing the client in a JOBS activity or before authorizing payment if the need for care arises after the client has been assigned to an activity. The CM must explain the guidelines for legal care according to agency standards and the rate that will be paid for each child. The discussion must be documented in the case record, including the name of the childcare provider, if known at that time, and how the initial as well as on-going costs will be paid.
 - a. If the client needs childcare for employment, the CM must discuss childcare arrangements with the client at the time s/he learns of the employment.
 - b. In determining whether or not appropriate childcare is available, the CM should first ask the client if s/he is able to arrange her/his own childcare at no cost. Find out who currently provides back-up childcare when needed, whether the arrangements meet the conditions for legally provided care in “A8” above, and the amount charged by the individual providing the care. Then determine based on the client’s statement of her/his situation if that individual is both able and willing to provide childcare to enable the client to work and/or participate in JOBS activities, and if the care meets the guidelines for legal care as stated in “A8” above. If so, authorize and ensure payment as appropriate. If the back-up childcare arrangement is not legal or the individual is unable or unwilling to provide the care on a regular basis, the CM must work with the client to find other means of obtaining legal childcare services. This must be done before requiring the client to participate in any activity for which the care is needed, including job search.
2. **The CM must ensure that under no circumstances should the client who is eligible for childcare services lose a job due to a lack of authorization and or payment of childcare services. The CM must also stress to the client the importance of cooperating with the CMA, because if childcare eligibility through the CMA is lost, it may be very difficult to regain.** Documentation of the authorization and subsequent payment must be maintained in the JOBS case record and on FACETS as stated below.

- a. Complete an assessment and Individual JOBS Participation Plan (IJP) according to sections 315 and 335-B and the appropriate assessment screens according to Section 2 in Appendix B, including authorization of the care on ZD25 according to instructions in part V, Section 2, Appendix B.
 - b. If the client needs immediate childcare authorization to start or remain in a JOBS activity or to start or retain employment and the CMA is unable to provide immediate authorization, the care must be authorized and paid by the CM. The period of authorization should begin as determined necessary by the CM, but **must** cover all periods for which the client is needy and eligible, but the CMA is unable to cover.
3. As part of the discussion with the client about childcare, the CM must provide the client with general information concerning the availability and types of care. If the client requests specific information regarding provider rates, hours of operation, etc., refer the client to the local CMA or the provider.
- a. The CMA will provide resource information to the client even if the client does not receive payment for childcare expenses through the Child Care Subsidy Program. The needs of the family, the needs of the individual child, accessibility and affordability of care, and hours that care is needed are important considerations in the type of care to be provided.
 - b. The final decision as to which type of care will best meet her/his needs and the needs of each child rests with the client. However, the client may NOT use policy regarding “parental choice” to circumvent JOBS participation requirements. The client must choose from the resources that are available if the resources are appropriate, accessible, and affordable. For example, if appropriate legal childcare services are otherwise available (affordable and accessible) to the client, s/he may not, without good cause, be deferred from participation just because s/he would prefer a different arrangement.
4. If FA for a teen parent is terminated because of failure to meet FA’s mandatory school requirement, the teen parent should be referred to the CMA for a childcare eligibility determination using CCSP policy. If otherwise eligible, the CMA may authorize childcare for the teen parent to facilitate the return to school and to regain FA eligibility.
5. Childcare may be authorized, as appropriate, for any grantee in a one-parent family provided the activity or service is allowable and agreed to by the CM and included on the IJP or other self-sufficiency plan. The timeframe authorized for care may include any time affiliated with the client’s participation, such as travel time, including reasonable travel to and from a child care facility.
6. Childcare may be authorized for a two-parent family if, according to Section 210-A, both parents will participate in work or work enhancement activities described in Chapters 4 and 5 and the hours of participation for both parents are the same or overlap. In other words, neither parent is able to care for the child while the other one participates.

Childcare may not be authorized for a two-parent family in which according to section 210-A only one parent (grantee or spouse) will meet the participation requirements, unless:

- a. The non-participating parent is disabled and cannot provide care, as verified by a physician or licensed or certified psychologist; or
 - b. The family includes more than one child, and the non-participating parent is caring for a severely disabled child, whose disability, as verified by a licensed physician (DHR-FAD-1876) required), is such that the non-participating parent is unable to provide adequate care to the remaining child(ren) in the home.
7. Special provisions have been made for families who become employed while receiving FA and remain eligible for FA due to the twelve-month 100% earned income disregard to assist the family in the transition off FA. Childcare services will be provided through the CMA or CM as stated below.
- a. If the FA benefit amount is the sole reason for income ineligibility, the FA benefit amount will be disregarded for the first twelve months that the childcare is authorized by the CMA and the earned income is disregarded at 100% for FA. In other words, if the family income minus the FA benefit amount is below the applicable maximum poverty level and the family is otherwise eligible, the family may continue to receive childcare through the CMA for up to twelve months. This also means a family may be **ineligible** for childcare while still receiving FA.
 - b. If the family income minus the FA benefit amount is above the applicable maximum poverty level and the family is otherwise eligible, the family may be eligible for childcare for at least one full month through the JOBS CM. Childcare may be provided under this provision only after the need for financial assistance has been determined through a discussion with the client and a budget worked according to section 600-I documenting the need, but not the amount of childcare to be paid. If there is a need, the amount of childcare to be paid will be determined according to “E5” below.
 - c. To determine if “a” or “b” above is applicable to a particular family, calculate the family income both with and without the FA benefit amount.

First determine potential income eligibility for childcare through the CMA. A family is “potentially” income eligible for childcare through the CMA if the family income is below the maximum poverty income level for the family size or as stated in the first bulleted paragraph below. If potentially eligible, send a referral according to “D” below. The CMA will determine actual income eligibility, as well as overall eligibility. If the family is not eligible for childcare through the CMA, determine eligibility according to the second bulleted paragraph below and make payment accordingly. In both situations, calculate the family income as stated in “A6” above.

- If the family income minus the FA benefit amount is below the maximum poverty income level, but the income plus the FA benefit is above the maximum poverty income level, the family must be referred to the CMA for an actual eligibility determination. If the family is determined otherwise eligible by the CMA, the CMA will provide childcare services and disregard the FA income for up to twelve months of the FA earned income disregard period. The referral to the CMA must include the actual months the earned income will be disregarded for FA.

Example: The client goes to work 11/7 and receives the first paycheck on 11/21. The PA worker states the earned income will be disregarded for FA purposes from November 2009 through October 2010. The CMA will disregard the FA payments the client received in November 2009 through April 2010 when determining childcare eligibility and parental fees.

- If the family income minus the FA benefit is above the maximum poverty income level, the family is ineligible for childcare through the CMA. However, the family may receive childcare services paid by the JOBS Program through the end of the first month in which a full month's wages are received, if a childcare subsidy is not provided through the CMA for that month. Such payments by the JOBS Program will allow the family time to receive wages sufficient to assume childcare payment responsibilities without an interruption in childcare services. Another consideration is the fact that when the client assumes responsibility for payment, s/he will have to pay for the care up front, rather than the month after the care is provided.

Example: The client goes to work on 11/7. S/he will be paid every two weeks, and will receive the first paycheck on 11/21. The family is eligible for childcare services to be paid by the JOBS CM through 12/31.

- d. The case manager must work with the client during the FA earned income disregard period and make sure the client is aware of the termination date of the childcare, and will be able to assume full responsibility for payment of care. Document the contact and discussion in the case record.

C. Parental Fees and Provider Registration

1. Clients who will receive childcare payments through the CMA will be subject to parental fees and provider registration requirements. The CM is responsible for explaining parental fees and provider registration as stated below.
 - a. Parental fees: A parental fee is the amount the parent/caretaker relative will be required to pay (co-payment). The CMA will determine the amount to be paid. A parental fee will be required when the family's total countable income falls within certain ranges. (Refer to the Parental Fee Chart) The CM may not use TANF funds (FACETS reimbursements or WR Initiative Funds) to pay parental fees that have been assessed to the client by the CMA.

- b. **Provider registration:** The care provider must register with the CMA before the parent may be authorized to purchase the care from the provider. The registration is an administrative process during which the provider completes and signs a registration form certifying to the CMA the provider's published policies and business practices used to provide childcare services.

The client and/or care provider should contact the CMA for more information regarding the fees and/or provider registration process.

2. A client will be determined ineligible for childcare for failure to pay either current or delinquent parental fees. Payment of delinquent fees may be waived for certain FA recipients as stated below. The CM must stress to the client the importance of paying current and delinquent fees. If the client owes delinquent fees, the CM must also assist the client in setting up a repayment plan with the provider.

If the client is a FA recipient who is subject to participation in JOBS activities and childcare is necessary for the client to participate in a JOBS activity other than employment, ineligibility for childcare due to nonpayment of delinquent fees will be waived. The waived period begins when such services are determined necessary to support JOBS participation. The waived period ends when the client no longer needs the care to participate in JOBS activities, the client becomes employed and subject to current parental fee payments, or the client becomes otherwise eligible for Transitional Childcare, whichever is earlier.

NOTE: The waiver does not apply to current parental fees or when the client refuses to set up a repayment agreement.

D. Referring FA Recipients to the CMA

Before referring a client to the CMA for a CCSP eligibility determination, the JOBS case manager must determine potential income eligibility as stated below. Furthermore, if the client is not currently authorized for childcare services (initial referral) and is employed, the employment must be verified before making a referral to the CMA. If the employment cannot be verified before the client needs the services, the case manager should assume responsibility for payment of the care until the employment can be verified. To do this, the case manager must authorize the care on ZD25 with a category code of "08". If verification of the employment is received before the provider requests payment, the referral may be sent to the CMA as stated below.

1. **Determining income eligibility:** Determine gross monthly income according to "A6a" and "A6b" above. The maximum income levels for childcare eligibility are provided on the Parental Fee Chart (taken from the Child Care Subsidy Program Policies and Procedures Manual). There are two sets of scales on the chart, each of which serves dual purposes of providing parental fee rates and the maximum income rate for eligibility for childcare under the CCSP. The first column of each scale lists family sizes. The maximum eligibility income level for the family size is the corresponding maximum range shown in the Maximum Eligibility Income column to the far right. **For childcare paid by JOBS,** use the second chart, except when the special provisions in "B7" above apply. However,

for CCSP the chart to use depends on whether the CMA considers the application as initial or continuing. Please note that the maximum income levels differ between the two scales, and the maximum income allowed is lower if the family is not receiving childcare through the CMA at the time the referral is made. If the income is less than the maximum income for the family size, make the referral as stated below.

- a. The first scale (130% of poverty level) provides information for a family who is making an initial application for childcare services through the CMA (meaning the family is **not** currently receiving childcare through the CMA).
 - b. The second scale (150% of poverty level) provides information for a family who is applying for continuing eligibility for childcare services through the CMA (meaning the family **is** currently receiving childcare through the CMA).
2. For initial and re-authorization referrals: the referral should be sent to the CMA immediately after deciding with the client on the appropriate childcare arrangements and making the determination of income eligibility. The CM will complete ZD25, Authorize Supportive Services, as appropriate according to part V in Section 2 of Appendix B.

Use the “Referral” field on ZD25 to generate an automated W830 referral to the CMA. Use category code “01”. Note that the length of the authorization period should not exceed six months, and is not a guarantee of the period of actual eligibility through the CMA, but rather an indication of the period of time childcare will be needed for the client to engage in JOBS activities.

The beginning date of the authorization period must not be earlier than the first day of the month before the month the referral is sent. For example, if the referral is sent in June, the authorization period may be no earlier than May 1st. If the CM determines that the client is in need of and eligible for childcare for periods earlier than that date, the CM must make the payment using TANF funds.

- a. The CM must send the CMA enough information for the CMA to determine eligibility, the amount of the payment for each child, parental fees, etc., through the Child Care Subsidy Program. The CMA will determine the amount of parental fees based on the income information provided with the referral and/or information gathered from the client.
- b. Write the childcare provider’s name and address on the referral. If the client does not know which childcare provider s/he wants to use, note this on the referral form.
- c. If applicable, write the months earned income will be disregarded for FA purposes as stated in “B7” above.
- d. Attach a copy of the following FACETS screens to the referral.
 - ZC51, Case Member Inquiry: If the JOBS client is not the parent of each person listed at the bottom, to the left of each person listed write the degree of relationship

of that person to the JOBS client. (See part XIV in section 5 of Appendix B for information on how to access the screen.)

- ZD11 or ZC24 screen for each employed family member whose income is countable according to A6d above; (For CMs who have the security level to access it, ZC24 for each member may be accessed from ZC04 on the CERT Subsystem. On ZC04, enter OPTION 9, TYPE ACTION “C”, the individual’s SSN, and press <ENTER>. This will bring up the Current Employment List screen for the member. Enter the sequence number of the employment to access ZC24.) If the CM has verification of employment, attach a copy to the referral.
- e. See “A6e” above. There will be instances when the childcare provider will charge mandatory fees, such as a registration fee, in addition to the regular charges for care. If the client is in need of and eligible for childcare through the JOBS or Child Care Subsidy Program, the JOBS CM must pay for the fee because CCSP policy prohibits such payments. Such payments are to be made to the childcare provider or as a reimbursement to the client using WRIF.
- f. Write the name of each activity (component) in which the client will participate, the length of time the client will participate in each activity, and the number of hours the client will need childcare for the participation.
3. If information changes during an authorization period, i.e., after the initial referral has been sent, notify the CMA of the change immediately after learning of the change using the FACETS generated W831, W832, or W890 as stated below. Procedures regarding the effective date of the closure of the childcare authorization period described in “a” through “c” below apply when the FA will remain open at least one month after the month in which the CM learns of the employment and need for childcare services. See “d” below if the FA has already terminated or will terminate in the current month. Refer to the chart in Appendix B, Section 1, for more information on generating referrals from ZD25.
- a. If the CMA learns of and reports the change to the JOBS CM, process the change as stated below and send a confirmation referral to the CMA as appropriate. Notify the PA worker as appropriate. If the JOBS CM learns of the change first, process the change as stated below and send the CMA an initial (W830), change (W831 or W890) or termination referral (W832), as appropriate.
- b. If the change is in childcare arrangements from part-time to full-time or vice versa or in the type of childcare, the CM must update FACETS and notify the CMA as appropriate. Update ZD25 on FACETS with the changes and send the CMA the FACETS-generated change referral (W831) from ZD25.
- c. If the change is that the client is employed, take action as stated in “B7” above and send a referral and verification of the employment to the CMA as stated below.**

- If the employment income does not cause ineligibility for childcare and the FA will remain open with or without the earned income disregard, the W890 referral should be generated from the Referral Screen, ZE75, to notify the CMA of the employment. Attach a copy of the employment verification and include information as stated in “2” above. In these instances, there is no change to the authorization period, and it is not necessary to update ZD25.
- If adding the FA benefit amount to the employment income is enough to cause ineligibility for childcare as stated in “B7a” above, and the FA is expected to terminate before the FA income has been disregarded for twelve months by the CMA, close the childcare authorization period on ZD25 effective on the projected effective **date of the FA termination. The projected FA termination date must be obtained from the PA workers.** The W832 or the W890 referral may be used for this purpose. Write the months the income will be disregarded at 100% for FA on the referral. Attach a copy of the verification and include information as stated in “2” above.

Furthermore, if the client reported the income as required and will remain potentially eligible for childcare through the CMA according to “B7a” above, the CM must ensure that JOBS childcare is authorized through the effective date of the FA termination. If the current childcare authorization period ends before the projected FA termination date, close the current authorization period on ZD25 and authorize a new period.

- ✓ To close the current period, access the current authorization on ZD25, enter the end of the current month in the End Date field and an “N” in the Status, Notice, and Referral fields; then press enter.
- ✓ Complete a new authorization according to instruction in Appendix B, Section 2, part V. The Begin Date of the new authorization period should be the first day of the next month and the End Date should be the projected effective date of the FA termination. Since no automated referral will be generated as a result of the closure, write a note to the CMA on the new referral (W830) notifying them that this is a “Closure and re-authorization of childcare”, and state the end date of the authorization period that was closed.

If for any reason the FA does not terminate as projected, send the CMA a W890 referral notifying them of the change, and include all information known at the time about the client’s circumstances and the projected date of the FA termination.

If the current authorization period ends after the projected FA termination date, shorten the current authorization period to end on the projected FA termination date and send a W832 termination referral to the CMA. To do this, access the current authorization on ZD25, enter the FA termination date in the End Date field, enter “B” in the Status field, “N” in the Notice field, and “Y” in the Referral field.

- If the employment income plus or minus the FA benefit amount is enough to cause ineligibility for childcare as stated in “B7b” above, and the FA will remain open, send the CMA a W890 referral from ZE75 informing them of the client’s potential ineligibility for childcare. The CMA will determine actual eligibility, and if the client is ineligible, the CMA will send advance notice to the client and close the childcare accordingly. The CMA will also send JOBS a copy of the client’s advance notice of termination that will indicate the date childcare services through the Child Care Subsidy Program will end. Upon receipt of the copy of the CMA’s advance notice, close the JOBS childcare authorization period effective the day before the date shown on the copy of the advance notice or the effective date of the FA termination, whichever is earlier. Authorize a new period indicating the timeframe that childcare will be paid by the JOBS CM as stated in “B7b” above.
- d. In no instance should the JOBS childcare authorization period exceed the effective date of the FA termination. Therefore, if the FA is already terminated or will terminate during the month the CM learns of the employment and continued need for childcare services, close the childcare authorization period effective on the effective date of the FA termination, and notify the CMA, if appropriate.
 - e. Use the W890 referral from ZE75 as described above to report to the CMA all other changes that do not include a change to the authorization period, including changes in the client’s address.

E. Making Payments for Care

Childcare services may be provided to JOBS FA recipients through programs other than the CCSP, such as Head Start, Chapter One programs, public school system programs, etc. Every effort must be made to coordinate the existing services to maximize the available resources. However, if childcare is not provided through the CMA or other community sources and the client is eligible for childcare through the JOBS Program, the JOBS CM will make childcare payments as stated below. Payments made by the CM will be made through a reimbursement authorization on ZE14 or through use of county WR Initiative Funds.

1. Childcare may be paid as a reimbursement to the client or as a direct payment to the provider after services have been rendered. Except for registration and mandatory fees described in “A6e” above, no up-front payments are allowed.
 - a. When the CM makes the payment to the client as a reimbursement, s/he must verify and document the need for care using the DHR-WR-1707, “Record of Participation and Expenses” and the DHR-WR-1708, “Day Care Reimbursement Receipt” or other receipt verifying the expense has been paid.
 - b. When payment is made directly to the provider, it **must** be paid using WR Initiative Funds. Verify and document the need for and provision of care using the JOBS Childcare Certificate, DHR-FAD-2076. The client must be given specific instructions on how the form is to be completed and returned to the CM. Attach a copy of the

completed JOBS Childcare Certificate to the DHR-BFM-682 (Disbursement Request and Authorization) for payment authorized through county WR Initiative Funds. See Appendix A for instructions on completion of the forms.

2. Regardless of the payment method, documentation should include, at a minimum, the signature and social security number of the caregiver, the caregiver's relationship to each child for whom payment is made, dates and hours care was provided, the amount charged by the provider, and the amount paid by the CM.
3. Payments may be made at different intervals as agreed to by the client and the CM, but must be made at least monthly. The specific interval of payment for any client should be based on the length of time the care will be provided, but should be made frequently enough that the outlay for care places no undue burden on the client. For example, payments for care to be provided for a three-month period may be made monthly, whereas, payment for care provided for a three-week period may be made weekly.
4. If the payment is to be made directly to the provider rather than the client, the payment must be reported to the Internal Revenue Service (IRS). As part of this reporting requirement, the provider must complete and return a W-9 form (Request for Taxpayer Identification Number and Certification). The completed W-9 form is to be forwarded to the County Financial Officer. The Financial Officer will maintain the completed W-9 form with other payment authorization forms and documentation for each provider.
5. Childcare payment amounts (made through FACETS and WR Initiative Funds) will be based on whether the care provided to the child is provided on a full-time or part-time basis and whether the care is considered formal or informal as stated in section "A6" above. The amount of reimbursement or payment to the provider must not exceed the applicable maximum amount, regardless of whether the care is paid through FACETS or WR Initiative Funds. The case manager must discuss these factors with the client as part of the assessment of childcare needs.

- a. The first step in deciding the amount of payment is the determination of whether care was provided on a full-time or part-time basis. Full-time care is care provided for more than 25 hours per week. Part-time care is care provided 25 or less hours per week. The next steps are taken based on whether the care is informal or formal as stated below.
- b. **Payments made for informal care:** For full-time care a daily rate not to exceed \$10 per day per child, up to a maximum of \$50 per week per child is established. For part-time care a daily rate not to exceed \$5 per day per child, up to a maximum of \$25 per week is established. Payments are to be made only for the days the care was provided. Payments must be made at the full daily rate (\$10 or \$5) for each day the care was provided, regardless of the actual number of hours the care was provided on any given day, up to the weekly maximum rate.
- c. **Payments made for formal care:** For full-time and part-time care a weekly rate is established for each region. Refer to the Provider Rate Chart for the weekly rate applicable to the region in which the care is provided. The rates for each region are listed based on the childcare setting (center, group or family home) and the age of the child for whom the care is provided. Payments must be made at the full maximum weekly rate for each week the care was provided, regardless of the actual number of days or hours the care was provided during any given week.

F. Re-evaluation of Need for Child Care

1. Regardless of whether childcare expenses will be paid by the JOBS CM or the CMA, the need for purchased childcare must be reevaluated at each JOBS assessment or change in the client's circumstances that affect childcare arrangements. This re-evaluation may consist of a telephone contact with the client. A face-to-face contact is not required.

The JOBS childcare authorization period may be extended in order to prevent the loss of the arrangement or slot. However, the authorization period may not be extended beyond the client's eligibility for FA. In formal childcare arrangements, such as childcare centers, care may be authorized for up to one month after or before the activity/employment for an individual involved in pre-component activities, pre-employment activities, or during interim periods between scheduled component activities/employment. Payment should be made only for the days the child actually received care, and in some cases may require payment by the JOBS CM, rather than the CMA.

EXAMPLE: Childcare authorized for CEMP 3/12 through 6/15. The client completes a CEMP placement with the Housing Authority on 6/13. She is to start work on 6/30 and is eligible for childcare for the employment. However, she will lose her slot at the ABC Day Care Center if payment is not authorized for the interim period of 6/16 through 6/30. Without childcare she would not be able to start work on 6/30. The JOBS childcare authorization period must be continued or re-authorized, as appropriate, through the interim period.

2. **Communication between the JOBS CM and the CMA staff is vital.** The CM may provide the information through use of the FACETS-generated referrals as stated in section 610-D. To ensure that payments made by the CM are not duplicated by the CMA, if the

JOBS CM will pay for any part of the childcare expense, the CMA must be notified of the exact period(s) that will be paid by the CM. The fact that the information was shared must be documented in the JOBS case record. When the information is shared through a FACETS-generated referral that is tracked on the Correspondence History screen and no information is manually added to the referral, no documentation other than the fact that the referral was made and the date is required. However, if information is manually added to a FACETS-generated referral, a copy of the referral containing the added information must be filed in the case record.

NOTE: If the client has already been determined eligible for childcare through the CCSP and remains otherwise eligible, the CMA will make payments for care provided when the client actually starts the job or attends the activity.

3. When a client who is receiving childcare services through one CMA moves to an area that is served by a different CMA and the need for childcare services continues, the case manager must notify and work with both CMA offices to ensure no disruption in services. Discuss the change with the client and notify the CMA offices to close and reopen services. Notification to the client and the CMA must be done according to section 645.

615 PARTICIPATION-RELATED EXPENSES

- A. Each client participating in an approved **countable** JOBS activity, excluding subsidized and unsubsidized employment and OJT, may receive payment for or reimbursement of actual participation expenses up to \$150 each month of participation. See sections 630 and 650 for supportive services for clients who are employed. The \$150 maximum may be paid for miscellaneous expenses incurred in addition to childcare and other expenses described in sections 620 through 635. **Any item directly related to participation is allowable, unless it is prohibited in section 605-C.** This amount may be used for a single expenditure, such as tools for welding class, or may be spent in small amounts during the month. The expense and need for the payment or reimbursement must be documented. Allowable expenses include, but are not limited to:
1. tools, clothing, and other supplies needed for class;
 2. application fees to technical schools and other approved training,
 3. fees for driver's license, permit, and renewal;
 4. text books;
 5. criminal background checks, including fingerprinting, etc.
 6. drug testing
- B. If the expense will be paid as a reimbursement to the client and FACETS edits allow the amount, pay the expense through FACETS. In some situations, the CM and client may decide that it is preferable to purchase an item directly with county initiative funds rather than reimbursing the client. See Appendix B, Section VI, for instructions for requesting reimbursement of local funds from the Department.
- C. Services such as counseling and training that are provided through vendor agreements and/or contracts are not subject to the \$150 limit. If an item or service is available through another agency through vendor or contract or at no cost to the client, the client should be referred to that agency. See Appendix B, Section VI, for instructions on payment for such services. Questions regarding other allowable expenses should be addressed to the JOBS Policy/Automation Help Desk, using the established protocol.
- D. CM's should routinely determine if the client's expenses are being covered by other funds and should not duplicate payments. It must be determined if the client is receiving any stipend. If so, JOBS may reimburse only the expenses which exceed those covered by the stipend. The difference cannot exceed the JOBS limit.
- E. All federal student aid will be disregarded in determining eligibility for FA. It cannot be counted against the eligibility or need of any person for any supportive services. However, the JOBS worker must still ascertain whether books, supplies, or other supportive services have been provided through the aid to avoid paying for the same service twice.

1. Example: When portions of PELL grants are retained by the educational institution to be applied to tuition, books, or other specific educational services and are not disbursed to the student, these items would not be paid for again through JOBS.
2. Example: When the FA recipient chooses to apply work study benefits to pay for services that otherwise would be available through JOBS, then JOBS would not reimburse the student for them or provide duplicate services.

If, after making an effort, the CM is unable to determine whether allowances for supportive services have been provided by the educational grant, the CM should authorize the services since no duplication can be shown. Document the case narrative to explain efforts made to obtain the information.

620 COMMUNITY EMPLOYMENT

- A. Individuals participating in community employment (CEMP) placements may receive reimbursement or a payment may be made to the service provider for incurred expenses up to \$8 per day, and up to a maximum of \$40 per week for each week of participation. This amount covers the cost of meals and other miscellaneous expenses, such as the cost of personal hygiene products, that are routinely incurred as a result of the placement, and are directly related to the client's participation. The expenses must be documented, but not verified, unless questionable. However, if paying for the expense using Welfare Reform Initiative Funds (WRIF) the expense must be verified.

In addition to the CEMP expense, the client may also receive reimbursement/payment for expenses allowed under the childcare (section 610), participation-related (section 615), transportation (section 630), and GED (section 635) categories. To receive reimbursement/payment under these categories for the CEMP placement, the client must incur and document or verify (as appropriate) actual expenses above the maximum daily or weekly CEMP limit.

EXAMPLE: Client is assigned to a CEMP placement seven hours per day, five days per week. Meals must be purchased each day at \$7 per meal and the client pays her neighbor \$2 per day for transportation to and from the CEMP site. Total expenses incurred equals \$45 per week. \$40 may be paid under the CEMP category of expenses, and \$5 per week may be paid under the transportation category. In addition, safety regulations require that the client purchase steel-toed shoes which are not provided by the work site. The shoes may be purchased or the client reimbursed for the purchase under the participation-related expense category.

- B. Reimbursements should be made if the client is paying the expenses and is eligible for reimbursements. In this situation, the reimbursements must be made weekly on the WATS Reimbursement System on FACETS or through the use of WRIF. If a payment is to be made directly to the provider, it must be paid using WRIF and should be processed within three workdays of the receipt of documentation and/or verification.

625 RESERVED FOR FUTURE USE

630 TRANSPORTATION EXPENSES

There are two types of transportation expenses that may be reimbursed or paid under this category: routine transportation expenses and car repair expenses.

A. Routine Transportation Expenses

Reimbursement or payment for routine transportation expenses **other than car repairs** is limited to the client's actual expenditures or cost up to \$300 per month for each month the client is engaged in an approved JOBS activity. An approved JOBS activity is restricted to countable employment that is timely reported to the agency (PA worker or JOBS CM) and/or other countable participation.

Routine transportation expenses include, but are not limited to, expenses that are usually ongoing, i.e., bus fare, gasoline, taxi cabs, payment to neighbors, and car tags. Payment of transportation related expenses that are usually sporadic is allowed under different categories to allow maximum assistance to clients, without exceeding the established limit. Payment of expenses related to driver's license fees is allowed under the participation-related expense category in section 615. See section 605-F for special provisions regarding payment of driver's license re-instatement fee expenses.

1. Procedures

- a. Expenses must be itemized and documented, but not necessarily verified, unless the expense is paid through county Welfare Reform Initiative Funds, the client pays an individual, or the expense is otherwise questionable.
- b. If the client requests assistance in paying for a tag, the client must verify that s/he owns the car, i.e., the car title is in the client's name (see section B below).
- c. If the client pays a neighbor/friend for transportation services, the neighbor/friend must verify the expense. The verification must be documented in the case record, and must include the pick-up and drop off locations, the dates, and the amount charged and paid. This verification requirement should be waived if the client does not use the person regularly, the client cannot get the verification from the person, **and** the amount of the expense is reasonable.
- d. If the client drives her, his or a family member's car, or if a family member drives the client, the cost of gas may be *either* reimbursed or paid, based on the number of miles driven. The reimbursement/payment rate for mileage is the rate set for state employees and must be adjusted when the state rate is adjusted. *Currently the rate is 56 cents per mile.*
- e. The CM may obtain verification orally (in person or over the telephone with the provider) or in writing.

- f. Transportation expenses may be *either* reimbursed *or* paid for transporting the client's children to and from childcare while the client works or participates in an approved countable JOBS activity.
- g. Transportation expenses may be paid for a client to keep an appointment with the CM, another DHR staff member, or other resource provider such as *VRS* to whom a DHR staff member refers the client, assuming payment cannot be made through other DHR or community resources. Appointments for medical consultation/treatment are excluded.
- h. Transportation (TRAN) should be authorized on ZD25 for *community employment (CEMP)* just as for other component placements. Additionally, the transportation expense should be reimbursed on the WATS Reimbursement Screen (ZE14) or otherwise paid as a separate expense. Enter transportation on ZD25 as a separate supportive service for those individuals receiving the service through a transportation contract or vendor agreement (*use the service code CONT*), but do NOT reimburse on ZE14.
- i. A client who participates in a *community employment* component (*CEMP*) is eligible for the transportation reimbursement to the extent that the cost exceeds the maximum amounts allowed under those categories of expenses, and up to the \$300 limit. The transportation expense should be filed on the DHR-WR-1707 along with any participation expenses incurred. The reason for the expense must be documented in the case narrative.

2. *Exceptions*

- a. Clients in programs who receive a full hourly stipend are not usually eligible for transportation reimbursements, because transportation costs are included in the stipend. However, if the client incurs transportation expenses in excess of the documented transportation expense, the difference may be reimbursed from JOBS funds but may not exceed \$300 per month.
- b. If the client receives a PELL Grant or other type of educational grant, the CM should determine if transportation is covered in the grant. If so, reimbursement/payment may only be made for the amount that is not covered in the grant, up to the limit.

3. *Contracts and Informal Vendor Agreements*

- a. Contracts with transportation providers must be negotiated and entered into at the state office level. Counties may not enter into or negotiate contracts with transportation providers to serve JOBS clients. However, once a state level contract is in place, any JOBS client participating in any approved countable activity may utilize the services under the terms of the contract.
- b. Counties may enter into an informal vendor agreement for transportation services. See section 665 for the guidelines for such agreements.

- c. The \$300 limit does not apply to a client who is served using contract transportation or transportation services provided under a vendor agreement.

B. Advance Payments

Advance payments may be made to clients through the County Finance Office or FACETS when needed to facilitate transportation to work or for participation in other countable activities. Under these circumstances, initial payments are to be made based on the expected transportation costs to the clients. Additional factors, such as whether the client is attending as scheduled are to be considered in determining the second and subsequent advance payments. If the client participated as agreed during the previous payment period, subsequent payments may continue as needed.

Form DHR-FAD-2253, Advance Payment of Transportation Costs, must be completed and signed by the client, case manager, and supervisor as stated in the instructions for completion of the form. Completion of the 2253 is required prior to the issuance of all advance payments, regardless of whether the payment is issued through FACETS or the County Finance Office. Copies of the 2253 form should be provided to the client as needed. The form and the instructions for its completion may be found in Appendix A.

To ensure the client will receive the payment before the activity begins, the advance payment should be made on FACETS only if the activity is scheduled to begin at least 7 days from the date the payment is authorized on FACETS ZE14 screen. If the activity is scheduled to begin in less than 7 days from that date, the payment must be made by the County Finance Office using welfare reform initiative funds (WRIF).

C. Extended Transportation

A client who is employed at the time the FA terminates may be eligible for transportation reimbursement/payment for up to the three consecutive months immediately after the termination of the FA. *In addition*, if a client *who is not employed at FA termination* becomes employed during this 3-month period, s/he may be eligible for the extended transportation beginning on the date the employment began through the end of the last month in the 3-month period. The reimbursement/payment under this category is in addition to the \$300 maximum financial aid that may be provided under *Short-term Employment Aid* for a different purpose.

1. To be eligible for the extended transportation reimbursement/payment, the client must be determined to be in need of the assistance through completion of the JOBS Budget Worksheet according to section 600-I.
2. If the client is determined eligible, transportation expenses may be reimbursed/paid up to \$300 per month for each month the client is determined to be eligible.
3. Reimbursement/payment may be made only for routine transportation expenses related to the employment.

D. Car Repair

The reimbursement/payment for car repair expenses is the actual expenditures/cost up to \$500 per four-month period. This is a separate limit that may be paid in addition to the \$300 monthly limit set for routine transportation expenses. This amount may be reimbursed/paid to repair the client's vehicle or a vehicle that is owned by the spouse of the client or FA grantee living in the home, provided the vehicle is used by the client to work or participate in an activity approved by the CM.

1. Allowable expenses include repairs and the purchase of new parts necessary to keep the vehicle operating safely, such as radiator, tire, and engine repairs and the purchase of new tires and batteries. Heating and air conditioning repair and purchase expenses are allowable, and so are towing and damage estimate expenses.
2. Ownership of or arrangements to buy the vehicle must be verified. Verification may include a copy of the title or loan papers. The individual(s) whose name(s) appear on the title is considered the owner/buyer. Car repair expenses should not be paid if the title is pawned.
3. Proof of vehicle liability insurance must be provided.
4. The cost of the repairs or purchase must be verified and reasonable for the area. A damage estimate should be acquired before agreeing to pay for the expense. A second estimate is necessary only if the first one is questionable.

E. Authorization

All transportation services provided through the Department must be authorized on the Supportive Services Screen (ZD25), regardless of the means or method by which the services are provided, i.e., through state contracts (including the use of Case Aides), vendor agreements, reimbursements to the client on FACETS, or use of WRIF. The exception is transportation provided to a client who does not have an open JOBS case on FACETS and is not a current FA recipient.

635 GED TESTING EXPENSE

Case managers may authorize payment for the actual cost of the GED test out of local initiative funds directly to the service provider or may reimburse clients for the actual cost of the test through the FACETS Financial System (See Appendix B, Section VI). Payment may be authorized for up to three re-tests per year if the client does not pass the entire test.

The Adult Education provider must complete form DHR-WR-1901 to verify the client is ready to take any or all four parts of the test. The client must score “Likely to Pass” on the GED Ready practice test or have GED predictability based on a TABE score of at least 8.5. The CM must receive the documentation prior to the testing date. The GED Testing Expense is separate from any other participation expenses for which the client may be eligible.

The CM should not approve payment for GED testing prior to receipt of the form indicating the client is ready to take the test, except as stated here:

- If the client takes the test without verification and passes, the CM may approve the cost of the test and pay it directly to the provider or reimburse the client.
- If the client takes the test without verification and fails, JOBS cannot pay for the cost of the test.

640 DOMESTIC VIOLENCE SUPPORTIVE SERVICES

JOBS supportive services may be provided to or on behalf of certain victims of domestic violence (DV) and their children. The purpose of DV services is to assist the family in becoming or remaining financially self-supporting through employment or participation in a JOBS activity and to establish or maintain a safe environment while doing so. The victim may receive any JOBS supportive service described in this chapter or Chapter 4 that is determined to be necessary to meet financial self-sufficiency and safety goals. To be determined eligible for supportive services under this provision, the victim must be:

- A FA recipient who has been determined to be a DV victim by the CM based on documentation stated in section 305-B5, but chooses not to participate in the SAIL Project;

or

- A SAIL Project participant.

Refer to section 425 for more information regarding the Special Assessment, Intervention, and Liaison (SAIL) Project established to assist domestic violence victims.

A. Provision of Services Determination and Authorization

The determination of need and eligibility, and the authorization and payment or reimbursement of services will be made by the CM, Family Services or Adult Protective Services caseworker, and/or SAIL specialist as follows:

1. If the victim is a FA recipient or other JOBS client who has chosen not to participate in the SAIL Project and is not a Family Services or Adult Protective Services client, the CM will determine need and eligibility, and will authorize and make payment or reimbursement for all JOBS services, including DVAS described below.
2. If the victim is a FA recipient or other JOBS client and a SAIL participant, but not a Family Services (FS) or Adult Protective Services client, the CM and the SAIL specialist will collaborate on all aspects of the provision of services, except in emergency situations as stated below. Once service needs have been identified and agreed upon, the CM and the specialist must decide and agree on each service and whether the service is to be coordinated and/or provided by the CM or the specialist. If the CM and the specialist cannot agree on any aspect of the coordination or provision of a service, procedures stated in section 425-E3 must be followed. The State DHR will have final authority over coordination and/or provision of all JOBS supportive services other than DVAS. The Alabama Coalition Against Domestic Violence (ACADV) will have final authority over the coordination and/or provision of DVAS and other domestic violence services stated in section 425-C.

- The agreement regarding the coordination and provision of services must be included in the SOS Plan and attached to the FRP. The CM is responsible for the coordination and/or provision of all JOBS supportive services directly related to employment or the victim's participation in a JOBS activity, including authorizing and making payment or reimbursement for such services in accordance to the policies and guidelines in the JOBS Program Policy Manual or as otherwise instructed by the Office of JOBS Policy Operations. The specialist is responsible for the coordination and provision of DVAS and other domestic violence services stated in section 425-C in accordance to the guidelines of the ACADV, including authorizing and making payment or reimbursement for DVAS.
 - In emergency situations where there is not sufficient time to collaboratively develop or revise a formal SOS Plan, DVAS and other domestic violence services may be authorized and/or provided by the ACADV without collaboration or consultation with the CM. However, the CM must be notified by phone as soon as possible and the SOS Plan must be developed/revise as soon as the situation has stabilized.
3. If the victim is a SAIL participant and a Family Services (FS) or Adult Protective Services (APS) client, but not a FA recipient or other JOBS client, the specialist and the FS or APS caseworker will collaborate on all aspects of the provision of services. The FS or APS caseworker will have the final authority over the provision of all services, except DVAS that must be provided on an emergency basis. If the victim volunteers for JOBS, the CM will determine eligibility, authorize and make payment or reimbursement for all JOBS supportive services related to employment or the victim's participation in a JOBS activity. The specialist will authorize and make payment or reimbursement for DVAS.
 4. If the victim is a FA recipient, a Family Services (FS) or Adult Protective Services client (APS), and a SAIL participant, the CM, FS or APS caseworker, and specialist will collaborate on all aspects of the provision of services. The CM will have final authority over the provision of all JOBS services, except DVAS that must be provided on an emergency basis. The CM will authorize and make payment or reimbursement for all services directly related to employment or the victim's participation in a JOBS activity. The FS or APS caseworker will have final authority over provision of FS or APS services. The specialist (ACADV) will have final authority for authorizing/paying for DVAS.
 5. If the victim is a SAIL participant, but not a FA recipient, other JOBS client, or Family Services/Adult Protective Services client, the specialist will determine the need for all services and will authorize and make payment or reimbursement for DVAS. If the victim volunteers for JOBS, the CM will determine eligibility, and authorize and make payment or reimbursement for all services related to the victim's participation in a JOBS activity.

B. Guidelines for Service Delivery

1. JOBS services should be provided according to the guidelines in section 600 and only after all other resources have been exhausted.

2. Authorization and payment/reimbursement of all supportive services must be consistent with the long-term and short-term goals of self-sufficiency and safety as reflected in the client's self-sufficiency plans (FRP, WAP, SOS, Specialized FRP, and ISP). Therefore, **except in emergency situations**, the effective date for authorization and/or payment/reimbursement of a service must not be earlier than the date the appropriate self-sufficiency plan was signed or updated.
3. In no instance is the CM to authorize or make payment for a supportive services item that is specifically prohibited by policy in this manual or the DHR Administrative Manual.
4. If otherwise eligible, a victim may receive supportive services for three reasons:
 - a. To gain or retain employment and/or participate in another JOBS activity described in Chapter 4 or 5;
 - b. To be safe in her/his current home; or
 - c. To move (relocate) to a new home to be safe (away from the perpetrator).

C. Case Manager Responsibilities

The determination of need and eligibility for supportive services by the CM will be made in accordance with the guidelines in this chapter or elsewhere in JOBS policy and the DHR Administrative Manual. Authorization and payment/reimbursement for these services are conditioned on the following:

1. The need for such services must be documented/verified and agreed to by the CM and/or the SAIL specialist in the SOS Plan, FRP and WAP as appropriate;
2. The individual must meet the requirements established in this chapter or through other JOBS policy for the category of services requested;
3. The payment amount must not exceed the limit established in this manual for the category of services requested; and
4. If the victim is not a FA recipient, the services must be provided on a short-term basis, i.e., four months or less.

D. Domestic Violence Alternative Services (DVAS)

In addition to the supportive services described elsewhere in this chapter and Chapter 4, a special category of supportive services called **Domestic Violence Alternative Services (DVAS)** has been established. The purpose of DVAS is to ensure safety of the victim and her/his children in her/his current home and/or to assist the victim and her/his children in relocating (fleeing) to a new home away from the violence. The safety issue must be directly related to domestic violence by the perpetrator or his/her agent (person acting on instructions from and/or on behalf of the perpetrator), rather than safety issues in general. DVAS may be provided by the CM or the SAIL specialist as stated in “A” above. However, regardless of which worker authorizes or provides the service, the following guidelines apply.

1. Unlike eligibility for other JOBS supportive services described in this chapter, the victim does not have to participate in a JOBS activity described in chapter 4 or 5 or be employed to be eligible for DVAS. Eligibility is based on the following criteria:
 - a. If the victim is not a SAIL participant, verification/documentation (such as court, law enforcement or social service records, sworn statements, etc) that the client is a domestic violence victim must be provided;
 - b. The victim must document/verify need of the DVAS to gain or maintain safety from the perpetrator and/or his/her agent; and
 - c. The victim must be a FA recipient (needs included in the FA grant) or a SAIL Project participant.
2. Up to \$750 may be paid for DVAS on behalf of the victim and her/his family per new period of eligibility for domestic violence (DV) services as defined below.
 - a. For a SAIL Project participant, including those who are FA recipients, the period of eligibility for DVAS begins when the victim begins participation in the SAIL Project as described in section 425 and ends when participation in the project ends. The victim’s participation is **not** considered as ended if the SAIL case is closed strictly for administrative reasons, such as when the victim moves from one domestic violence service area to another.
 - b. For a FA recipient who chooses not to participate in SAIL, the period of eligibility for DVAS begins when the domestic violence is documented/verified and ends when the victim’s FA eligibility ends for any reason, other than administrative.
 - c. A new period of eligibility for DV services occurs when there has been at least one calendar month break in FA eligibility **or** SAIL Project participation. If there has not been a full calendar month break, there is no new period of eligibility.

Example 1: FA approved effective 10/5/00. The client chose not to participate in the SAIL Project and was determined to be a DV victim by the CM on 10/15/00. JOBS participation was deferred. On 12/2/00, the victim requested DVAS to move to another home away from the perpetrator. Services were provided at a total cost of \$550. On 2/5/01, the victim requests DVAS to replace door locks for her home because the perpetrator managed to get a key to her current home. The service is provided at a cost of \$200. On 7/15/01, the victim requested DVAS to move a second time because she was being evicted due to damage to the home by the perpetrator. The victim is not eligible for DVAS services as she has not had a break in FA eligibility and has received the maximum amount of services. The CM and/or specialist should look for other resources to assist the victim.

Example 2: Same as above, except the victim's FA was terminated effective 3/31/01 and reopened effective 5/15/01. The victim is eligible for up to \$750 for the DVAS requested on 7/15/01 because she had a one-month break (4/01) in FA eligibility.

Example 3: The victim began participation in the SAIL Project on 11/5/00. The SAIL specialist provided DVAS on 3/2/01 to help the victim with moving expenses for DV reasons. DVAS in the amount of \$400 were provided for these expenses. On 5/31/01, the victim's participation in SAIL was ended. On 6/25/01, the victim began participating in SAIL again and requested DVAS. The victim is eligible for up to \$350 (rather than \$750) in DVAS services because there has not been a one-month break in SAIL participation and the client has used \$400 of the \$750 maximum amount.

3. Payment/reimbursement for services may not be made consecutively for more than four months, unless the client is a FA recipient. This applies even if the client has not used the \$750 maximum. If payments/reimbursements are made for four consecutive months, a non-FA victim may not receive DVAS services again until the sixth consecutive month, if otherwise eligible.
4. Payments should be paid to the provider whenever possible. Payments made by the CM to the victim (up front or as a reimbursement) may be made only when pre-approved by the JOBS Program Consultant or the JOBS Policy/Automation Help Desk.
5. DVAS should be authorized and paid only if the services are not available through other resources or the services are available through other resources, but cannot be accessed in the necessary amount or timeframe. Services that are available through other resources should be explored first, including services offered through DHR Family Services, Adult Protective Services, and other domestic violence programs.
6. The CM and/or specialist may accept the client's statement as documentation of need, unless there is a reason to question it. However, the service provider must verify the actual cost of each service before payment is made. If the client is unable to provide the verification on her/his own, the CM and/or specialist should offer assistance in doing so.

7. Examples of allowable DVAS expenses include, but are not limited to, the following:

- a. Repairs for damage done by the perpetrator to the home in which the client lives, is legally obligated to pay, and that are not covered by home insurance or other means, such as broken windows, doors, locks, etc.;
- b. Repairs for damage to the victim's car that was done by the perpetrator and are necessary to safely operate the car; and
- c. Deposits for rent and utilities for the victim to move away from the violence. Payments for monthly rent or utilities are not allowable, unless special circumstances exist and the costs are reasonable. The JOBS Program Consultant, the JOBS Policy/Automation Help Desk, or the Executive Director of the ACADV or her designee must make the determination of whether special circumstances exist.
- d. Certain transportation costs, such as commercial travel fare, gas, truck/van rental (not insurance), etc.

E. JOBS Supportive services that are authorized and reimbursed by the CM should be authorized on and reimbursed through FACETS when FACETS edits allow such reimbursement and the process does not cause further hardship to the victim. If the service cannot be authorized or reimbursed on FACETS, it should be authorized through procedures established for the disbursement of county Welfare Reform Initiative Funds. If there is an open JOBS case on FACETS, the service should be authorized on FACETS, even if paid with WR Initiative Funds.

645 NOTICE OF CHANGES IN SUPPORTIVE SERVICES

A. Notices to Clients

Specific information regarding supportive services provided to FA recipients must be discussed with the client and included as a part of the client's Individual JOBS Participation Plan (IJP) as stated in section 335-B. It is therefore not necessary to send the client a notice when supportive services are authorized. Once a supportive service has been included in the IJP and authorized accordingly, the client must be sent advance notice prior to any reduction to or termination of the service that is not specified in the client's IJP, except as specified in "B" below. If advance notice is not required, no notice is to be sent to the client. Services provided through the Short-term Employment Aid (SEA) category must be discussed with the client, documented in the case record, and are not subject to advance notice requirements.

Notices are automated on ZD25, and if applicable, should be sent at the time ZD25 is updated with the change/termination. Refer to the chart, "Status/Notices/Referrals for Supportive Services From ZD25", in Appendix B, Section One.

1. Use the "Status" field to indicate the type of action taken and the reason for the action.
2. Use the "Notice" field on ZD25 to indicate whether or not an automated notice is to be sent. A "Y" entry in the "Notice" field will generate the notice to the client that is linked to the code in the "Status" field. To indicate that no notice is to be sent, enter a "N" in the "Notice" field when using "Status" codes "B" or "D"; or leave the "Notice" field blank when using "A", "C", "R" or "N".
3. Notices sent to the client from ZD25 will be mailed from the State Office and posted on ZE54, Client Correspondence List.

B. Client Advance Notice Exemptions:

An advance notice is not required if the action (change/termination) has been discussed with the client, clearly documented in the client's IJP and/or the case record, **or** one of the conditions listed below applies. Documentation of the discussion includes a description of, the reason for, and the effective date of the action.

1. The service was authorized on ZD25, but not used;
2. The effective date of the change/termination coincides with the end date of the current authorization period, or the service was authorized for a set period of time, and that period has expired;
3. The change/termination is to childcare services paid through the Childcare Management Agency (CMA);
4. The child has been removed from childcare and the county office has received verbal notice from the parent/caretaker relative that the child is not returning;

5. The client has moved or is moving out of the county or state;
6. The FA has terminated or will terminate in less than 11 days (for the client or the entire assistance unit) and the client is not eligible for continued services through the SEA category; or
7. The CM obtains documented proof, including a verbal statement from the client, that the client is no longer employed or participating in the activity for which the service was authorized.

C. Referrals to the Childcare Management Agency (CMA)

If the CMA pays for the childcare services, the JOBS CM must send the CMA a referral for the initial authorization and subsequent changes in the client's circumstances as specified in section 610-D. Please note that such referrals must be sent immediately to give the CMA as much advance notice as possible. The CMA will provide notices to the clients, including advance notices, according to the Child Care Subsidy Program policy, and will send copies of all such notices to the JOBS CM. The copies must be filed in the client's JOBS case record.

The JOBS CM will provide notice to the CMA through the use of the referrals generated from ZD25. Referrals should be sent at the time ZD25 is updated with the change/termination. Refer to the chart, "Status/Notices/Referrals for Supportive Services From ZD25", in Appendix B, Section 1 for more information.

1. Use the "Status" field to indicate the type of action taken and the specific referral to be sent to the CMA. The specific referral that will be generated is directly linked to the status code used as shown on the chart.
2. Use the "Referral" field on ZD25 to indicate whether or not an automated referral is to be sent. A "Y" entry in the "Referral" field will generate a referral to the CMA based on the code in the "Status" field. After entering data for all children, print the referral locally by pressing the PF6 key, and mail or fax it to the appropriate CMA. To indicate that no referral is to be sent to the CMA, leave the "Referral" field blank.
3. Referrals generated from ZD25 will be posted on ZE76, Client Referral List. ZE76 may also be used to print a copy of an existing referral generated from ZD25. See Appendix B, Section 5, part IV for more information.

650 TRANSITIONAL SERVICES

In addition to the supportive services provided to FA recipients, transitional services are available to assist these clients in making the transition from welfare (FA) to the workforce. The CM must repeatedly discuss the advantages of working and the availability of transitional services with the client and provide the clients with brochures described in section 360 from the time of the initial assessment through the point such services are no longer needed or applicable. The CM must explain to the client how the use of these services will help her/him when s/he goes to work. Also explain to the client that to receive these services the client must immediately notify either the PA worker or the JOBS CM that s/he has gone to work. Emphasize that usually if the client requests termination of FA, but does not state that the reason for the request is due to employment, eligibility for transitional services will not be determined, and therefore no services will be offered.

A. FA Earned Income Disregard

FA recipients who become employed may have their earnings from the employment disregarded in the FA eligibility and benefit level determination for up to 12 months at 100% if the employment is reported timely and accurately according to PA policy. This means that the client may continue to receive FA (if otherwise eligible) for 12 months while employed. The CM should stress the advantages of getting this disregard of earnings and the importance of reporting the income as required. However, the CM should also make sure the client understands that taking the disregard will use up months of her/his 60-month lifetime limit.

B. Transitional Childcare

1. Transitional Childcare is childcare provided to certain clients through the Childcare Management Agency after the FA is terminated. TC assistance is available to any suitably employed client whose FA is terminated, regardless of the reason for termination (including a disqualification due to noncompliance). The purpose of TC is to assist these families in making the transition from FA to employment. To be eligible for TC the client must be suitably employed, apply for childcare with the Childcare Management Agency (CMA) within six months of the FA termination and meet other eligibility requirements.
2. If the client is receiving FA and childcare services at the time s/he becomes employed, assess the client's need for childcare services according to section 610-B. Refer to section 610-B7 regarding special provisions for FA recipients who become employed. Then determine the client's eligibility for JOBS childcare (while the FA remains open) and potential eligibility for TC (after the FA closes) according to that section and section 610-D1. Close the JOBS childcare authorization period and generate a referral to the CMA regarding potential eligibility for TC as stated in section 610-D3c, as appropriate.

3. If the client is receiving FA, but not receiving childcare at the time s/he becomes employed, determine eligibility for JOBS childcare (while the FA remains open) and potential eligibility for TC (after the FA closes) according to sections 610-B7 and 610-D1. If the client is income eligible for JOBS childcare and TC, authorize or reauthorize (see note below) JOBS childcare on ZD25 and send a W830 referral to the CMA according to section 610-D2. The CM should provide payment for the JOBS childcare eligibility period if the CMA is unable to do so immediately, the client needs the care for employment, and is a FA recipient. The end date for the JOBS childcare authorization period will be the effective date of the FA benefit termination. Include on the referral the projected effective date of the FA termination. Close the JOBS case according to section 360.

NOTE: The W830 referral should be generated from ZD25 only when childcare is initially authorized or re-authorized. If childcare is currently authorized on ZD25 for participation in activities other than the employment, the CM may close that childcare authorization period using the appropriate “Status” code, and reauthorize childcare for the employment so that a W830 referral is printed. Or, the CM may enter the appropriate “Status” code and shorten the current authorization period to the effective date of the FA termination. Do not re-authorize or shorten childcare on the current authorization period on ZD25 without changing the “Status” code to the appropriate termination code.

4. If the client is not receiving FA at the time s/he becomes employed, but obtains employment within the six-month period after the FA termination, the client must contact the CMA or the CM and request the transitional childcare. If the client contacts the CM and requests TC, the CM must determine potential income eligibility (based on the client’s statement) according to section 610-D. Document the contact, information provided to the client, and referrals made on the client’s behalf in the case record (in narrative form).
 - a. If the client is potentially ineligible due to income, tell the client what the maximum income amount is and that s/he is ineligible based on the amount of income s/he provided. Tell the client to contact the CMA if the income changes or if s/he is not sure that the amount s/he provided is the correct amount. Also explain to the client that this potential eligibility determination is done as a courtesy time saving service. However, only the CMA can determine her/his actual eligibility for TC, and s/he may still apply for childcare through the CMA.
 - b. If potentially income eligible, refer the client to the CMA. Give or mail the client proof of the termination date of the FA. The termination date and reason are located on the ZC52 screen, Program Participation, on the Certification Subsystem of FACETS in the Last Action field for FA. Refer to part II in Section 5 of Appendix B for information on accessing ZC52.

Do not give or send the client a copy of this screen (as it contains confidential information), unless the client to whom the copy will be given or sent was the former FA grantee. Unless the client provides the CMA with proof of the effective date of the FA termination, the CMA will contact the CM or the PA worker to verify that point of eligibility.

NOTE: The CM or a clerical worker may obtain this information from the case file or from FACETS, and should then advise the CMA accordingly. No information is to be entered on FACETS; however, the case record should be documented. A written referral authorizing the care is not required.

5. Once a family has been determined eligible for TC, the CMA will continue to provide childcare under the TC category until the family becomes ineligible for childcare for any reason. If the client applies for childcare during or after the seventh month after termination of FA and is determined eligible by the CMA, the care will be provided under a different category as appropriate and the client may have to be placed on a waiting list before receiving services.
6. Transitional childcare benefits will be paid at the same rate as JOBS childcare. However, the family will be required to contribute toward the cost of care in accordance with the parental fee scale. The scale is based on the amount of income and the number of individuals in the family. Federal regulations prohibit the payment of these fees with public funds, including TANF funds. Therefore, the CM may NOT pay the parental fee using TANF funds (including local Welfare Reform Initiative Funds).

Childcare eligibility will be lost for failure to cooperate in paying required fees (current or delinquent) and will not be reinstated as long as back fees are owed. See section 610-C2 for an exception for FA recipients and other information.

7. The client will be responsible for paying registration and other mandatory fees charged by the childcare provider. The JOBS CM may not pay these fees because the client is not a FA recipient.

C. Short-term Employment Aid (SEA)

NOTE: *Short-term Employment Aid (SEA) is the term for the assistance and payments that allows certain services to be provided to applicants, current TANF recipients or former TANF recipients. The categories of financial services that can be provided to these clients may be transportation (TRAN), car repair (CARR), or short-term employment services (SEAS). Each category of service has its own limitations on amounts and length of assistance.*

1. Aid may be provided to FA applicants who get a job anytime while in applicant status and to current/former FA recipients to help them obtain or retain a job, advance to a better job, and remain off welfare. Such aid is referred to as Short-term Employment Aid (SEA) and should be provided directly by the CM or through referral to other resources. Aid will be provided through two means, case management services and emergency financial aid. The goal of SEA is attainment and stabilization of employment. The CM's focus should include and expand on removing barriers to employment by helping the individual prepare for,

accept, or retain a job or move into a better job. *Short-term Employment Aid* may include, but is not limited to, one or more of the following services:

- a. Job clubs led by DHR staff and/or other community or faith-based organizations that focus on job retention skills, such as getting along with peers, arriving at work on time, and accepting instructions;
 - b. Individualized help with problem solving and removal of work-related barriers, such as developing and/or arranging back-up plans for childcare;
 - c. Intervention with an employer before a client is terminated from a job;
 - d. Referral to community resources for emergency aid, assistance with budgeting, and income tax preparation;
 - e. Referral to coaches/mentors for on-going assistance in adapting to rigors and increased expectations of the work environment;
 - f. Career planning and advancement;
 - g. Referral to faith-based institutions or other counseling/treatment programs for substance abuse, domestic violence, or making other good life choices;
 - h. Counseling on family planning resources and referral to the Health Department or other provider;
 - i. Referral to known job openings;
 - j. Provision of information and explanation about earned income tax credit;
 - k. Referrals to the Child Support Program, Alabama Medicaid, Food Stamp Program, and Family Services Program as appropriate; and
 - l. Provision of limited emergency financial aid.
2. Services listed above in “1a” through “1k” may be provided upon request to any client (including a child) described in “1” above, regardless of whether or not the client is employed at the time of the request. There is no restriction on the last date the FA was received or denied due to employment. However, if the client is age 19 or older, s/he must be the parent of a child under age 19 and the family’s gross income must be under 200% of the federal poverty level for the family’s size. Do not open a JOBS case on FACETS for the sole purpose of providing the service. However, a manual case record should be opened (if one does not exist) and the provision of services must be documented accordingly.
 3. Emergency financial aid listed above in “1” may be authorized by the CM on behalf of a client who (1) is the parent of a child in the home who is under age 18 or 18 and in high school; (2) meets immigration requirements; **and** (3) meets one or more of the conditions

stated in the bullets below. (The expense and employment must be verified and documented in the case record and the need for the service must be directly related to obtaining/retaining current employment or accepting a confirmed offer of employment.)

- Is a FA applicant who is employed and income is below 200% of the federal poverty level or who obtains a job while in applicant status;
- Is a current FA recipient who is either seeking employment (self-initiated or authorized by JOBS), currently employed, or has an offer of employment;
- Is a former FA recipient who received FA in the last 12 or less months and is currently employed or has an offer of employment;
- Is a former FA recipient who last received FA more than 12 months ago and is currently employed or has an offer of employment and whose family income is less than 200% of the federal poverty level; or
- Is a current SAIL Project participant and is currently employed or has an offer of employment.

The aid must be needed to address a discrete crisis situation (incident) that is not expected to reoccur. Aid may be provided for a particular expense for up to four months per incident of need. An incident of need is an event or crisis *that* occurs causing the client to be temporarily unable to afford the expense(s). See section 600-I regarding the completion of JOBS Budget Worksheet to assist the client in anticipating future expenses.

- a. Services may be provided to clients as stated above regardless of the age of the client. However, if the client is age 19 or older, s/he must be the parent of a child under age 19 at the time of the request. *DHR-FAD-2074 Eligibility and Affirmation for TANF Services along with the current year's Poverty Guidelines 200 percent, are both located in Appendix A of the JOBS Program Policy Manual in iDHR, and should be used to help determine eligibility for services.*
- b. The need for all services provided under *Short-term Employment Aid* must be discussed with the client and documented in the case record both in narrative form and on the JOBS Budget Worksheet(s). For example, if the client expresses a need for services from the Coaches Program, the CM must document in the case record why the services are needed and that a referral was made. Another example is if the client expresses a need for financial aid for transportation, etc., the CM must document the client's income and expenditures to show why the client cannot pay the expense.

Verification of expenditures other than the one for which the client is requesting aid is not required to document need, unless the cost of the expense or the need for aid is questionable. If questionable, document the reason the cost or need is questionable, what verification is required, whether or not the verification is provided, and whether or not the service was provided as a result of the verification or lack thereof.

- c. If the client expresses a need for emergency financial aid for an expense that CANNOT be paid under *Short-term Employment Aid*, determine if the client has an unpaid expense that can be paid through *Short-term Employment Aid*. If so, make arrangements with the client for the client to pay the expense that cannot be paid through *Short-term Employment Aid* and authorize payment for the allowable expense. If the client has already paid the allowable expense, s/he may be reimbursed through FACETS or local WR initiative funds. If there are no expenses that can be paid through *Short-term Employment Aid*, refer the client to other resource providers for assistance. As stated in sections 300-B1 and 305-B4, the CM must assist the client to the extent possible in attaining the services from any provider to which the client is referred.
- d. *Short-term Employment Aid* in the form of emergency financial aid must be provided on a short-term basis, meaning the financial aid to address the emergency is not provided for more than four consecutive months. For example, a newly employed client might need assistance with transportation expenses until s/he gets her/his first full paycheck (or first few paychecks, depending on the client's individual circumstances).

The CM must assist the client by providing other case management services as needed during the period for which the financial aid is provided. The CM should use this time to help the client plan for payment of future expenses either on her/his own or with help from other community programs.

- e. Emergency financial aid may be provided to cover various needs, and therefore, may be issued in more than one payment. Such aid is to be authorized for current FA recipients **only** if needed for an expense that cannot otherwise be paid/reimbursed according to this chapter **and** the client has no other means of paying the expense. **However, regardless of whether the client is a FA applicant or current/former recipient, payment for any one service may not exceed the appropriate maximum amount allowable for the service.**
- f. The total of all services, excluding car repairs and routine transportation services, may not exceed \$350 per incident of need.
- g. Emergency financial aid may include, but is not limited to, the services listed below. Requests for services not listed below must be cleared through the JOBS Policy/Automation Help Desk prior to authorization.
- Purchase of automobile repair services (*CARR*) for vehicles verified as insured, owned or being purchased by the client (the amount paid may not exceed \$500 per four-month period *as described in section 630-D*);
 - Purchase of routine transportation services (*TRAN* as described in section 630-A) up to \$300 per month;

Note: In addition to the SEA automobile repair services and routine transportation services described above, a former FA recipient who is determined to be in need of and eligible for extended transportation services as stated in section 630-C may also receive up to \$300 per month for the 3-month extended period. For example, a client whose FA terminates effective May 31st and who is eligible for extended transportation and *Short-term Employment Aid* may receive a maximum total of \$600 (\$300 SEA transportation + \$300 extended) per month for routine transportation expenses incurred in June, July, and August. In September and thereafter, if the client continues to be eligible for *Short-term Employment Aid*, s/he may only receive up to the \$300 per month for routine transportation services under *Short-term Employment Aid*.

- Cost of clothing, tools, or work-related training expenses which would allow a client to retain or begin confirmed employment;

- Purchase of telephone services;

Cell phone minutes may be purchased if needed for job related purposes (cell phones are available at no cost to the client). Land line service may be paid but only if the client lives in an area where access to cell phone coverage is not available and the service is needed for work or other JOBS activity. However, only the cost for basic service plus taxes may be paid. No payment may be made for long distance services, call-waiting, call-forwarding or other services of this nature, unless the client needs the service because of a physical impairment;

- Payment for alcohol or drug counseling/treatment, excluding medical expense;
- Driver's license fees and/or training;
- Cost of non-driver's identification card; and
- Cost of drug testing if required for employment.

- h. Emergency financial payments under *Short-term Employment Aid* may be made to the client or the service provider. The payment must be made through FACETS if the JOBS case is open on FACETS, the payment is made to the client as a reimbursement, and edits allow the amount and type of payment. All other payments, including those paid to the provider, must be made through county WR Initiative Funds according to the established procedures for such funds.

- i. The emergency financial aid may not be authorized for:

- Childcare;

- Automobile payment or insurance;
- Medical expenses;
- Payment of fines or legal costs; or
- Mortgage payment.

D. Food Stamps

The CM should inquire on IEVS screens to determine if a client is receiving food assistance through the Food Stamp Program. Eligibility requirements, including income and resource standards, for food stamps benefits are different from the requirements for FA. Income standards are higher in the Food Stamp Program. Therefore, individuals who become employed or otherwise lose eligibility for FA may still be eligible for food stamp benefits. The CM should verbally refer all clients who are not receiving food stamps benefits and could benefit from food assistance to the Food Stamp eligibility worker for an eligibility determination.

660 SUPPORTIVE SERVICES PAYMENT METHODS

A. Overview

Payment for supportive services described in this chapter and in Chapter 4 may be provided to the JOBS client as a reimbursement or direct payment to the service provider, unless specifically stated otherwise. The State Department may also contract with service providers to purchase direct client services for JOBS clients. There are two methods of payments: FACETS and County Welfare Reform (WR) Initiative Funds. Regardless of the payment method, all payments must be for services allowable by the Department according to the JOBS Program Policy Manual and DHR Administrative Manual.

B. FACETS

FACETS is designed to be the major means of making supportive service **reimbursements** to recipients of Family Assistance (FA). When possible, reimbursements to FA recipients for services listed in section 605-B, 1-8 should be made through FACETS (ZE14) according to Section VI of Appendix B. However, there are certain supportive services allowable for FA recipients through Short-term Employment Aid (SEA) and the Special Assessment, Intervention, and Liaison (SAIL) Project that cannot be reimbursed through FACETS, such as DVAS services.

- FACETS will allow the reimbursement for services listed in section 605-B, 1-8 if the client to whom the reimbursement is made has an open JOBS record on FACETS and the supportive service is properly authorized on ZD25 for the period covered by the reimbursement.
- FACETS will also allow a reimbursement on a closed JOBS record if the service and the period covered by the reimbursement were authorized on ZD25 prior to closure of the record.

C. County Welfare Reform (WR) Initiative Funds

1. Expenditures allowable by JOBS policy that cannot be reimbursed on FACETS should be paid through County WR Initiative Funds. These funds must be drawn down by completing and submitting the “Request for Welfare Reform Initiative Funds” form to the Family Assistance Partnership. A copy of this form is in Appendix A. Procedures for disbursements of these funds are found in the DHR Administrative Manual.
2. County WR Initiative Funds may be used for three purposes:
 - a. To make reimbursements for supportive services directly to JOBS clients that are allowable according to JOBS policy, but cannot be reimbursed through FACETS due to edits;
 - b. To make payments directly to service providers (vendors) for services provided directly or indirectly to JOBS clients;

- c. To purchase an item needed by a JOBS client for employment or participation in JOBS activities; or
 - d. To make payments for client and/or staff training.
3. The amount of payment/reimbursement made by the County Department to a JOBS client or to a local service provider on behalf of a JOBS client must not exceed the limit established for the category of services. This constraint applies regardless of whether payment is made through FACETS or County WR Initiative Funds or a combination of the two. This constraint does not apply to payments for services provided under a State Department contract.

665 INFORMAL VENDOR AGREEMENTS

Counties may enter into an informal agreement with vendors to purchase services on behalf of JOBS clients. Included in this section is guidance on procedures for counties to follow when considering the purchase of services through an informal vendor arrangement.

A. Conditions Under Which Vendor Arrangements are Allowed

An informal vendor arrangement is allowable when a vendor markets his/her service at a fixed rate if the rate is considered reasonable and acceptable under departmental policies and procedures. In addition, the vendor must offer the service to the department without a guarantee that a specific number of units of service will actually be purchased. This also means that there may not be a guarantee that a specific number of clients will be referred to the vendor. If these requirements are met, the county need simply evaluate the services being offered in terms of expected outcomes, price, etc., and decide whether or not a purchase is appropriate.

B. General Constraints

1. Any contract involving \$15,000 or more must be approved by a bidding process according to section 41-16-20 of the Code of Alabama. Therefore, if the county anticipates that expenditures through a vendor agreement will exceed an annual amount of \$15,000 or more, the agreement may not be completed.
2. The vendor must provide a statement that itemizes the standard units of services offered and the fixed unit cost rate for each unit of service. In addition, the vendor must provide a statement certifying that the same unit(s) of service are offered to all of the vendor's potential customers and further certifying that the stated fixed rate(s) do not exceed the rate(s) provided to other potential customers. Such a statement is required initially and each time the vendor amends its previously stated rates
3. If the manner in which a vendor provides services is not of a fixed rate nature, a vendor agreement is not possible. Further, if a vendor's standard units of service and standard fixed rates fail to conform to the county's need, and/or are not at a reasonable price, the offer must be rejected. However, if the only barrier to accepting a vendor's offer is the price, the county is free to accept a subsequent lower offer if it is deemed to be reasonable.
4. If a vendor's standard units of service and standard rates conform to the county's need and are reasonably priced, counties are free to purchase such services as needed. All that is required to effect such purchases is the statement and certification described above. Counties should refrain from entering into a formal written agreement with a vendor or otherwise committing to purchase specific quantities of service units, as such an agreement by definition constitutes a contract.
5. No up-front payments are allowed. All payments must be made to the vendor on a disbursement basis for actual authorized units of services provided, and require receipt of a signed original and correct invoice from the vendor. All invoices for payment must contain the following:

- a. An itemization of the number of standard units of service provided;
 - b. As applicable, the number of hours and miles traveled;
 - c. A list of the names of the clients serviced;
 - d. The unit cost rate applicable to each unit of service provided; and
 - e. The total amount due for the month.
6. Counties are responsible for monitoring provider billing to assure that reimbursement to the vendor is authorized (a referral was made by the county department) for each client for whom service was provided. In addition, counties should exercise sufficient oversight to determine that the billed units of service were actually delivered.
 7. Counties may correct an invoice provided the adjustment results in a reduction of the amount billed. However, do not make adjustments that result in an increased payment to the vendor, as such errors require that the invoice be returned to the vendor for correction. Corrections should be in red and should reflect the initials of the individual making the correction.
 8. As with the purchase of any service, the purchase must be reasonable and necessary in order to comply with the federal cost principles and the department's Administrative Policies and Procedures Manual. This means that the service must be a necessary component of the client's case plan, and the cost of the service must be reasonable based on the local market, and within any maximum rates established by the Department. Counties, therefore, must give consideration to these factors before referring clients for the service. Also, counties should consider discontinuing purchasing services from vendors who have fewer than 50% of the program's participants obtain suitable employment, if job retention or job placement is an objective of the program.

C. Allowable Rates

Making a judgment as to whether the offered price of a service is reasonable is critical to the process of entering into legitimate vendor agreements. One way to make this judgment is to consider whether the vendor was already operating the business in question, and already offering the service in question at the rates in question prior to approaching DHR. Another factor is the consideration of the price offered in comparison to the price of the same or similar services offered by other vendors/service providers in the community. Below is the rate guidance for certain services. This rate guidance is not meant to be exhaustive. Other services may be purchased locally if the county department adheres to all of the requirements in this section.

1. **Assessment Services (Including diagnosis and evaluation):** Client assessment services may be purchased from qualified vendors who offer these services on the basis of reasonable published rates. The judgment as to whether the offered rate is reasonable can be determined by comparing the offered rate to the rates charged by other entities such as

the Easter Seal Rehabilitation agencies, drug and alcohol treatment programs, and mental health centers.

2. **Counseling Services:** If the counseling service is provided and charged as an indistinguishable part of an assessment, refer to “1” above. If counseling is provided and charged separately, the maximum rate of \$35 per ½ hour up to 12 hours per 3-month period.
3. **Transportation Services:** Transportation providers normally offer rates based on mileage or hours driven or a combination of the two. Comparing the vendor’s offered rates to those of other providers, such as the Department of Transportation’s Section 18 providers, is a good first step in determining whether the rate is reasonable.
4. **Classroom Job Readiness Training:** Rates for job readiness training may not exceed the rates established for the current state contracts for these services. The rate for each client actually in attendance is \$50 per day.

It is the responsibility of the county department to monitor attendance, require documentation of attendance, insure that payment is only made for clients actually in attendance, and monitor the outcomes achieved by the program.

5. **Job Placement Services:** The rate for each client that actually begins working as a direct result of placement activities performed by the vendor may not exceed \$150 per client. This rate may be paid in addition to the rate paid for job search activities included as part of Job Readiness Training. The vendor may be paid for any client referred that becomes employed within 30 days after the end of the referral.

CHAPTER SEVEN
NONCOMPLIANCE

700 OVERVIEW

The CM will work closely with each client to encourage/support satisfactory participation in work activities and avoid noncompliance. However, there will be instances when the client does not participate as required for various reasons. The CM will explore these reasons with the client and make a determination of whether or not the nonparticipation will be considered noncompliance without good cause according to section 705. See section 710 for the CM and PA worker responsibilities regarding the handling of noncompliance without good cause. See section 730 for information on the nature of penalties.

A. General Provisions

1. A client who is determined to have failed or refused without good cause to take action as stated in section 710-B or as otherwise assigned by the CM is considered non-compliant and will incur a JOBS noncompliance penalty that will be imposed against the FA unit's benefits.
2. A client who is **required** to participate in work activities according to section 200 and who is subsequently found to be non-compliant will cause individual cumulative penalties to be imposed against the FA. If more than one member of a FA unit is determined non-compliant, each non-compliant member will cause a separate penalty to be imposed. This includes each parent in a two-parent unit. **Failure of the grantee or the spouse to participate as required will result in a penalty for the non-compliant parent.**
3. A client who has **voluntarily** agreed to participate as stated in section 205 and who is subsequently found to be non-compliant (with or without good cause) will not cause a penalty against the FA. However, the JOBS case and supportive services, if any, will be terminated if the CM determines the noncompliance is without good cause and ongoing.

B. Special Circumstances

A client may not be penalized for failures/refusals that occur during a deferred/delayed participation period except as stated in sections *710-B or 710-C2* or if certain conditions are met. Special handling will apply to FA clients meeting a condition listed in *1 and 2 below*.

1. A custodial parent (regardless of age) of an infant may not be penalized for noncompliance occurring during the first six months of the infant's life, except for failure/refusal to keep an assessment appointment in the sixth month of the infant's life. This is true even if the client has agreed to participate and has been assigned to a work activity.

2. A minor parent who is not the FA grantee or spouse of the grantee may NOT incur a penalty against the FA benefits for noncompliance due to any failure/refusal to comply, including a failure to participate/progress satisfactorily.
 - a. School attendance (enrollment) is a condition of eligibility for all clients who are minor parents (under age 18 and unmarried). Such clients who do not meet the enrollment requirement and their children will be determined ineligible for FA according to FA guidelines.
 - b. If the CM learns that a minor parent who is not the FA grantee or spouse is no longer **enrolled** in school and the CM is not the PA worker, the CM must manually notify the PA worker within 3 working days. Do not enter the failure to be enrolled as noncompliance on ZD21; however update the component on ZD23 to reflect that the minor parent did not satisfactorily participate.

3. **Two-parent families:**
 - a. If both parents are required to participate and either one fails/refuses to do so without good cause, enter the “NC” code on the ZD21 screen of the non-compliant parent. If both parents fail to participate without good cause, enter the noncompliance code (NC) on both parents’ ZD21 screens. A noncompliance referral will be automatically generated to the PA worker as stated in 710-A below. The noncompliance must be individually ended according to section 715.
 - b. If one parent (first parent) has been designated to participate while the other parent (second parent) cares for a child in the home and the designated parent fails to do so without good cause, that parent will be referred to the PA worker for penalty. The following provisions will also be applied.
 - The declaration of participation will be voided and the second parent will be required to participate.
 - Childcare services may not be authorized for either parent’s participation unless both parents are participating or one meets a deferral criterion.
 - If the second parent refuses to participate without good cause, s/he will also be determined non-compliant. If neither parent participates as required without good cause, each will incur separate noncompliance penalties.
 - Once a parent has been determined non-compliant without good cause, the noncompliance continues for that parent until s/he ends the noncompliance or it is automatically ended according to section 715.

705 GOOD CAUSE

The client is responsible for contacting the CM whenever s/he is unable to participate as required. Until proven otherwise, noncompliance will be an indication of a barrier to participation, such as, but not limited to, a breakdown in supportive services. The CM must make a good cause determination regarding the noncompliance before referring the client to the EW for penalty or imposing a penalty. During the good cause determination process, the CM must make every effort possible to determine the reason(s) for the noncompliance and assist the client in removing barriers.

A. The procedures for determining good cause are as follows:

1. If the CM learns of the noncompliance from the client, follow procedures stated below beginning with 1c. If the CM learns of the noncompliance through a source other than the client, the CM must initiate a contact with the client. When possible and practical, a face-to-face interview should be conducted. However, if a face-to-face interview is not possible and/or practical, the contact may be made over the telephone or through the mail. The CM will initiate the contact within three workdays of learning of the noncompliance and follow through with the contact as follows:
 - a. If the client has a telephone or a number by which s/he may be reached, call the client. The purpose of the telephone contact will be to offer assistance to the client in removing any barriers to participation as quickly as possible. If the client is reached by telephone, determine the reason for failure/refusal and try to resolve any noncompliance issues. If it is determined that a face-to-face contact is necessary and time permits, send an automated appointment notice to the client confirming the face-to-face interview appointment. Document the telephone contact in the case record.
 - b. If the client cannot be reached by telephone (for any reason, including not having access to one), within three workdays of learning of the failure/refusal, send the WINC notice. *The optional information section of the WINC must contain the act of noncompliance committed by the client.* Schedule the interview appointment at least five days from the date entered on FACETS to allow for mailing time and no later than ten days from that date, unless there is a good reason according to “B” below for not doing so. If the appointment cannot be scheduled as stated, document the reason in the record, and schedule the appointment when possible.

If the client does not respond to the appointment notice and the CM is otherwise unable to reach the client, the client will be deemed to be non-compliant. The “NC” code should be entered on the client’s ZD21 screen if the noncompliance is subject to penalties according to section 700. This noncompliance will be rescinded according to section 720-B if the client later provides good cause for not responding timely to both requests.

- c. If contact with the client is made (either over the telephone and/or in a face-to-face interview), discuss the following;

- What the client failed to do and when
- What the client's reasons are for the failure
- Verification, if determined necessary
- Need for changes to and/or new supportive services
- How the client and CM may work together to resolve the noncompliance and avoid future non-compliance
- How the noncompliance may affect FA, food stamps, and any supportive services the client receives

If during the contact with the client, s/he requests a termination of the FA, ask the client to put the request in writing and send it to the EW, unless the client is in the office (or during other face-to-face contact) at the time the request is made. If the client is in the office s/he may complete the written request in the CM's presence and give the written request to the CM. The CM should ensure that the client includes the reason for and the effective date of termination in the request, and forward it to the PA worker. If the client does not wish to put the request in writing, notify the PA worker of the request within three workdays. In the notice to PA, state the date of and reason for the request. **Determine if good cause exists for the noncompliance.** If good cause does not exist, follow "2b" below. Explain to the client that if the FA is terminated before the penalty period is imposed or completely expires, the penalty or any remaining months in it will be imposed and/or served upon reapplication for FA. Discuss potential eligibility for other services such as mentoring, coaches, etc. Take action to terminate according to section 360.

2. After contact has been made with the client as described above, the CM will evaluate the circumstances of the noncompliance and make a determination as to whether or not the client will be considered noncompliant without good cause. Removal of participation barriers, resumption of work activities, and penalty avoidance will be the goals. Therefore, in determining whether or not good cause will be granted, the CM should consider the effect the noncompliance action has on current participation and the likelihood of the action being repeated. For example, if a client was late once for work or other assigned activity because s/he overslept, but did not lose the employment or placement and is currently in satisfactory standing with the employer or activity sponsor, good cause may be granted.
 - a. If the CM determines the client had good cause for the noncompliance, the FRA/IJP will be revised, if appropriate, and participation activities will continue accordingly.
 - b. If the CM determines the client did not have good cause, the client will be referred within 3 workdays of making the determination to the EW for penalty imposition.

B. Good Cause Reasons

Good cause for failing to participate satisfactorily or make progress in an assigned JOBS activity includes, but is not limited to, any of the following:

1. **Illness of individual/other.** This includes an illness of the participant or the illness of another household or family member that is serious enough to require the presence of the participant in the home. If not clearly defined, medical information should be required. Long-term illness or disability (illness that is expected to last longer than 30 days) should be evaluated for possible deferral.
2. **Child care problems:** This includes a temporary breakdown or interruption in child care.
3. **Transportation problems.** This involves a temporary breakdown or disruption in transportation arrangements with no ready access to alternate transportation.
4. **Personal or family crisis.** This includes any kind of crisis or household emergency that interferes with participation; for example, the client is needed in the home, based on medical evidence, to attend to a disabled spouse or other disabled adult relative living in the client's home. The CM has final authority for determining that the crisis justifies a good cause determination.
5. **Domestic Violence/Safety Issues.** The client or another family/household member is a victim of domestic violence to the point that safety of the client or other member is a problem to participation.
6. **Rare/Unusual Circumstances.** The CM may use discretion in granting good cause for incidents of non-participation that are not caused by circumstances stated above and in the CM's judgement are rare to the individual client's usual participation behavior. For example, a client who usually participates as required misses a day of participation to attend her/his child's school activity. Another example is when a usually cooperative client does not wish to discuss the reason for an act of non-compliance, but the CM is aware of or strongly suspects the client is coping with problems or stressful circumstances that warrant good cause.
7. **Non-receipt of correspondence.** This includes situations in which the client fails to comply with requirements in correspondence sent through the mail because of non-receipt of the correspondence or the correspondence was received too late for the client to meet the requirements in it. For example, the client failed to keep an appointment because she moved to a new address and the correspondence was sent to the old address. In these instances, the client must have reported the move in a timely manner (within 10 days of the move) to the PA or JOBS unit or the Childcare Management Agency, unless s/he was unable to do so.

8. **Administrative Error.** Good cause applies when the CM fails to correctly apply policy and/or procedures and the failure has a direct impact on the client's ability to participate. For example, a client failed to keep an appointment or missed a day of class or work because the CM failed to appropriately authorize and/or pay for necessary supportive service as stated in JOBS Program policy. Good cause also applies when the CM fails to assist the client in making arrangements for services to be provided to enable the client to participate as required or agreed. For example, the CM failed to assist a client who has a disability with the necessary accommodations to attend a job readiness class.

C. Follow-up Actions

The CM should clearly document the basis for the good cause decision in the case record. If it is determined that there are recurring barriers, the CM must make continual efforts to resolve such barriers so that the client can engage in an appropriate work activity as quickly as possible.

710 DETERMINING THE BEGINNING OF NONCOMPLIANCE

- A. The determination of noncompliance with or without good cause, including when the noncompliance period for each client begins and ends, is the responsibility of the JOBS CM. The imposition of the sanction/penalty to the FA benefits, including the months during which the penalties are imposed, is a FA eligibility responsibility. If the WATS OFFICE and CASELOAD codes are different from the ELIG OFFICE and CASELOAD codes, a referral (C333 alert) will automatically be sent to the PA worker when the noncompliance is entered on ZD21. Do not send another referral, unless additional information regarding the noncompliance must be provided. No referral will be sent if the codes are the same.
- B. Noncompliance includes, but is not limited to, voluntarily quitting suitable employment or failure or refusal to:
1. Keep an appointment with the CM or VRS counselor;
 2. Respond to a letter from the CM or VRS counselor;
 3. Attend the assigned work activity 100% of the scheduled hours;
 4. Complete and sign the FRA or IJP according to section 335;
 5. Participate satisfactorily in the assigned work activity;
 6. Apply for and accept a bona fide offer of employment, and keep such employment, unless the employment is determined by the CM to be unsuitable; or
 7. Provide check stubs or other verification of employment hours that the client possesses.
 8. Noncompliance also includes any statement, action or inaction by the client that demonstrates an unwillingness to cooperate with program requirements. This includes, but is not limited to, a client who:
 - a. Expresses an intent not to abide by the terms of the IJP;
 - b. Intentionally causes termination of employment (firing) or reduces the number of hours of employment; or
 - c. Intentionally presents her/himself in such a manner or exhibits behavior that prevents employment or continued participation in an assigned work activity, or restricts other avenues to self-sufficiency.

Termination from employment is never to be considered as voluntary quit, even if the client appeared to have intentionally caused the termination.

- C. Generally, if the CM determines the client did not have good cause for voluntarily quitting suitable employment or a failure/refusal, the effective date of noncompliance without good cause is the date the CM learns that a client has quit the suitable employment or failed to participate satisfactorily in an assigned JOBS activity. However, if a client fails to keep an appointment (with the CM, work-site, etc.) the effective date of noncompliance is the date of the missed appointment as stated in 1 and 2 below. To be considered non-compliant without good cause for a month, the client must be a FA recipient both on the date the act of noncompliance occurred and on the date the CM learns of the noncompliance. Clients whose FA benefit has been suspended for any reason are still considered as recipients for JOBS purposes; however, these clients cannot be penalized for noncompliance actions occurring during months the FA benefit is suspended.
1. When two or more appointments are given, the effective date of the noncompliance is the date of the first missed appointment for which the client did not have good cause.
 2. If the appointment was for an assessment due during the last month of a deferred/ delayed participation period, the effective date of the noncompliance is the first day of the following month.
- D. If the client requests the termination of her/his FA during the good cause determination process, follow procedures as stated in the last paragraph of section 705-A1.
- E. Special handling of Teen Parent Grantees (age 18 or under) who are enrolled in educational activities: When evidence which indicates that a teen grantee is not attending school or is not making satisfactory progress is received, before sending a noncompliance referral to the PA worker, the CM must take the following action:
1. Contact the educational institution where the teen is attending and ascertain the school's assessment of the reason for the failure.
 - a. If the school provides documentation that there is a good cause reason for the failure, noncompliance does not exist. No contact with the household is required, unless a need for supportive services is the reason for the failure. If there is an indication that supportive services are needed, contact the teen, and assist her/him in getting the services.
 - b. If the school's documentation indicates there is no good cause, the teen must be provided an opportunity to substantiate or dispute the documentation provided by the school. If the school did not determine the reason for the failure or the school refuses to provide information regarding the reason for the failure, the teen must be provided an opportunity to establish/provide documentation of good cause.
- F. Once the CM determines a client to be non-compliant without good cause, **within three (3) working days of making the determination**, the CM should:
1. update ZD21 with "NC" as the Participation Status code and the date the CM learned of the noncompliance or the date of the missed appointment, whichever is appropriate, as

the Participation Status Date. This action will automatically notify PA of the noncompliance, including the effective date;

2. unless the client will continue to participate to end the noncompliance, close all components and supportive services on ZD23 and ZD25 respectively; and
3. if child care is authorized through the CMA (see Chapter 6), notify the CMA to close the child care. The effective date for the closure of childcare services is the 10th day from the date the CM sends the notice.

G. Case Examples

1. On 4/5, the CM learned (verified through a school attendance form) that a 25-year old client failed to attend GED classes as required. On 4/15, the CM determined the client did not have good cause for the failure. The effective date of noncompliance is 4/5 and the first month of noncompliance is April.
2. The client missed two appointments for initial JOBS assessments, one on 7/25 (for which she provided good cause) and the other on 8/3. The CM was unable to contact the client to determine good cause for the 8/3 appointment. The effective date of noncompliance is 8/3 and the first month of noncompliance is August.
3. On 5/19, the CM learned that the client failed to show up for CEMP placement for three days during the previous week. The CM contacted the client on the same day and determined that the client did not have good cause for the failure, but has been participating as required since 5/17. The effective date of noncompliance is 5/19 and the first month of noncompliance is May.
4. On 5/24, the client told the CM she would not look for a job as requested due to a lack of adequate childcare. The CM determined adequate childcare was available and the refusal was without good cause on 6/9. The effective date of noncompliance is 5/24 and the first month of noncompliance is May.
5. On 9/19, the CM learned that the client had quit her job on 8/27. The case manager determined the quit was without good cause on 10/1. The effective date of noncompliance is 9/19 and the first month of noncompliance is September.

715 DETERMINING THE END OF NONCOMPLIANCE

Once noncompliance without good cause has begun, it may be ended through the establishment of good cause, a termination of the FA, or through actions taken by the client as described in this section.

A. Actions Which End Noncompliance

1. Noncompliance is automatically ended (regardless of the action or inaction which caused the noncompliance) when:

- a. The FA case closes for any reason, including the imposition of a disqualification;
- b. The non-compliant client secures suitable employment as defined in section 505-C and retains the employment for 14 days or until the first of the month following the month the employment began, whichever is later;

NOTE: There is no minimum number of hours the client must work. The number of hours should be based on the client's individual circumstances and the availability of jobs for which the client qualifies. For employment that is less than 15 hours per week, if the CM has questions about whether or not the employment is adequate to end the noncompliance, contact the JOBS Policy/Automation Help Desk through the established procedures.

- c. The non-compliant client is placed in community employment (CEMP) for the maximum hours that may be required for a month and satisfactorily participates for 14 days or until the first of the month following the month the CEMP placement began, whichever is later; or
 - d. Participation is deferred or delayed for any reason.
2. In addition to the actions stated in "1" above which automatically end noncompliance, the client may end an instance of noncompliance any time while the FA case is open based on the reason for the noncompliance as follows:
- a. If the noncompliance is due to the client's failure/refusal to take action required for assignment/placement in a work activity, such as, but not limited to, failure to appear for an interview or refusal to complete or sign the FRA/IJP, the noncompliance ends when the participant takes the action previously refused.
 - b. If the noncompliance is due to actions or non-actions after assignment to or placement in a work activity other than employment, the noncompliance ends when the client resumes satisfactory participation. The individual is considered to have resumed satisfactory participation if s/he has completed a new or revised FRP according to Section 335-B and:

- (1) Commenced the activity in which s/he failed to participate satisfactorily; if the activity remains available and appropriate; or
 - (2) Initiated a new activity agreed to by the CM, if the former activity is no longer available or appropriate, and
 - (3) Remained compliant for 14 calendar days or until the first day of the month following the month the client began the activity, whichever is longer.
- c. If the noncompliance is due to the client's quitting a job or voluntarily reducing the number of hours of employment without good cause, the noncompliance will end when the client begins employment that is comparable in hours to the employment that was quit and retains the employment for 14 days or until the first of the month following the month the employment began, whichever is longer.
- d. If the noncompliance is due to a failure/refusal to contact the CM to establish good cause in a timely manner, the noncompliance will end when good cause is established or as stated above, whichever is earlier.

Exception: If the client establishes good cause for not providing good cause as requested, the noncompliance will be rescinded as stated in sections 705-A1b and 720-B.

B. Determining the End Date of Noncompliance

The end date for noncompliance is dependent on the action taken to end the noncompliance as follows:

1. If the noncompliance is ended by resuming participation and the client remains compliant as required, the end date for the noncompliance is the date the client contacted the agency to initiate compliance.
2. If the noncompliance is ended by gaining employment and the employment is timely reported to the agency, the noncompliance ends on the date the employment began. If the employment is not timely reported, the noncompliance ends on the date the employment is made known to the agency.
3. If the noncompliance is ended by the CM making a determination to grant good cause or to defer/delay participation, the noncompliance ends on the date the CM determines good cause or defers/delays participation.
4. If the noncompliance is ended by a termination of the FA, the noncompliance ends on the effective date of the FA termination.

C. Case Examples

1. A 25-year old client was determined non-compliant effective 4/5 for failure to attend classes as required. On 5/4 the client reported to the CM that she started back to school on 5/1. Client will have to participate satisfactorily through 6/1 to end the noncompliance. On 6/2 the CM determined the client has resumed satisfactory participation. The noncompliance ended effective 5/4. The months of noncompliance are April and May.
2. Client determined non-compliant effective 8/3 due to failure to keep an assessment appointment on 8/3. The CM determined client did not have good cause for missing the 8/3 appointment. The client kept an appointment on 8/12. The noncompliance ended effective 8/12. The month of noncompliance is August.
3. Client was determined non-compliant effective 5/19 for excessive absences during a CEMP placement without good cause. The client did not lose the placement and continued with the CEMP on 5/17 in satisfactory standing. On 6/3, the CM determined the client had resumed satisfactory participation. The noncompliance ended effective 5/17. The month of noncompliance is May.
4. Client was determined non-compliant effective 5/24 for refusal to agree to complete job search activities. On 7/25, the client agreed and was assigned to job search activities. She became employed on 8/2. The noncompliance ended effective 7/25. The months of noncompliance are May, June, and July.
5. Client was determined non-compliant effective 9/19 for voluntarily quitting a job. FA was terminated effective 9/30 due to the client's failure to appear for an interview appointment with the EW to review her FA eligibility. The noncompliance ended effective 9/30. The month of noncompliance is September.

720 ACTIONS SUBSEQUENT TO THE IMPOSITION OF A PENALTY

The imposition of a penalty is considered to have begun when the CM sends the notice of non-compliance to the EW (if the EW is a separate worker) or when the NOAA is sent (if there is only one EW/JOBS worker). Information in this section explains actions that may be taken after the imposition process has begun.

- A.** If there is a separate EW, after receipt of notification of noncompliance from the CM, the EW will, according to FA guidelines, initiate a Notice of Adverse Action (NOAA) to the client advising that a FA penalty (reduction or disqualification) will be imposed. The EW will notify the CM of the effective date of the action.
- B.** Noncompliance may be **rescinded** or **ended** as follows:
1. Noncompliance may be **rescinded** after the penalty imposition begins only if the client provides good cause for action/inaction that caused the noncompliance and provides good cause for not providing good cause during the original timeframe. If the noncompliance is rescinded, the FA benefits should not be penalized. If the FA benefits have been penalized, it is the responsibility of the EW to restore benefits as appropriate.
 2. Noncompliance that is not rescinded will be **ended** according to Section 715 no later than the fourth month after it begins.
- C.** Contacting the CM and/or agreeing to cooperate does not, in and of itself, rescind/end an instance of noncompliance, unless a statement of intent not to cooperate is the reason for the noncompliance.
- D.** When noncompliance ends (or is rescinded), the CM must take action as stated below based on whether the FA will terminate or remain open. If the CM determines that a specific action has ended the noncompliance and the FA will remain open, follow steps in “1” below. If the noncompliance is ended because of termination of the FA, follow steps in “2” below.
1. If the end date is determined by the CM, update FACETS by changing the Participation Status Code from “NC” to the appropriate Participation Status Code and the Participation Status Date to the date the noncompliance was ended or rescinded **within three (3) work days of making the determination**. This date should not be a future date. The updating of the “NC” code to any code other than the “HR” (hearing request) will automatically create a C345 alert to the EW stating that the noncompliance has ended effective the date entered in the Participation Status Date field;

If the client will participate, reevaluate the FRP, update FACETS screens as appropriate, and, if appropriate, notify the CMA.

2. If the FA termination will end the noncompliance or occurs at the same time the noncompliance is otherwise ended, the CM will indicate the end date of the noncompliance in either the Participation Status Date field or the Case Status Date field as stated below. It is not necessary to notify the PA worker of the noncompliance end date when the FA termination ends the noncompliance.
 - a. If, in accordance with section 360, the Participation Status field is changed to “SS” because of a request for or provision of SEA, the Participation Status Date must be changed to the effective date of the FA termination. In these instances, the date in the Participation Status Date field will indicate the end date of the noncompliance.
 - b. If in accordance with section 360 the Participation Status field is not changed to “SS” (no request for or provision of SEA) and the JOBS case will terminate, the Case Status Date (closure date) must be the effective date of the FA termination. In these instances, the effective date of the closure of the JOBS case will indicate the end date of the noncompliance.

NOTE: In the situations described above, entering a date in the past in the participation status and closure Date fields is permitted because the effective date of the FA termination may be a date in the past. However, as a general practice, entries in these Date fields should be the current or a future date as appropriate, unless otherwise specified.

- E. When two instances of noncompliance without good cause are determined and are effective in the same month, only one notice regarding noncompliance without good cause should be sent to the EW for that month. To avoid duplicate automated notices to the EW, the noncompliance should be entered on ZC21 as stated below (using May, e.g., as the month of noncompliance).
 1. For the first instance of noncompliance, enter “NC” in the Participation Status field and the effective date of the noncompliance (May 3, 2001) in the participation status Date field. This will generate a C333 alert notice indicating noncompliance to the EW. When the noncompliance is ended, change the “NC” code to the appropriate code and date. This will generate a C345 alert to the EW indicating the noncompliance has ended.
 2. For the second instance of noncompliance, wait until the first day of the month following the month in “1” above (June 1, 2001). Set a worker alert as a reminder. If the client has not ended the noncompliance by the first day of that month, update ZD21 with the “NC” code using the first day of the current month (June) as the effective Date of the noncompliance. If the noncompliance is ended before the first day of that month, the “NC” code should not be entered on ZD21.

725 PARTICIPATING AFTER A PENALTY HAS BEEN IMPOSED

A. Participating During a 50% Reduction Period

A client may be authorized to participate in JOBS activities and receive supportive and work enhancement services according to Chapters 4 and 6 at any time while the FA case remains open, even if no FA benefits are issued due to the imposition of the 50% reduction. If the client will end the noncompliance during the 50% reduction period by participating in a component activity, update ZD23 and ZD25 as appropriate, but leave the “NC” code on ZD21 until the end date of the noncompliance has been determined according to Section 715. The CM should reevaluate the information on the client’s IJP and take action as appropriate.

B. Participating During or After a Disqualification Period

The client may not receive supportive or work enhancement services during a period when the FA unit is disqualified because of JOBS or child support noncompliance, unless the client needs the services to obtain or retain suitable employment. See section 360 for instructions on the termination of the JOBS case. If the client obtains/retains suitable employment during the DQ period, s/he may receive transitional childcare (authorized through the CMA) and short-term employment aid (SEA, authorized by the CM). The determination of eligibility for transitional childcare is the responsibility of the CMA. The determination of eligibility for SEA is the responsibility of the CM. Refer to section 650-C for information regarding allowable SEA services.

730 NATURE OF PENALTIES

A. Months of Noncompliance

1. A month of noncompliance is any month or portion of a month during which a client is determined to have failed or refused without good cause to participate or take other action as required.
2. Penalties are determined and imposed by the PA worker for a number of months based on the number of months in the noncompliance period and other FA criteria. Therefore, it is important that the CM accurately and timely update FACETS to notify the PA worker of the effective date of the beginning and ending of each instance of **noncompliance**.
3. The PA worker will use this information to determine the number of months, the appropriate penalty/sanction, and the effective date the FA benefits will be penalized. Once this determination has been made, PA will notify JOBS accordingly. Penalty tracking records will be displayed on ZC63 (reductions) and/or ZC48 (disqualification).

B. Penalties for Noncompliance (For Informational Purposes Only)

Noncompliance without good cause will result in penalties against the FA benefit as stated below. However, questions regarding penalties to the FA benefit due to JOBS noncompliance should be referred to PA.

1. Applicants who refuse to sign the Agreement to Cooperate will be denied FA benefits and will lose eligibility for the month of application through the disposition month.
2. For mandatory participants who have received FA for less than 24 months and the noncompliance is for reasons other than as stated in 4 below, the FA will be reduced by 50% for the first three months of noncompliance. For the fourth month of noncompliance and all instances of noncompliance without good cause thereafter, the FA unit will be disqualified. The first disqualification will be for one month. The second disqualification will be for six months and each subsequent disqualification will be for twelve months.
3. For mandatory participants who have received FA for 24 months or more and the noncompliance is for reasons other than as stated in 4 below, the FA unit will be disqualified for the appropriate number of months as stated above.
4. For mandatory participants who refuse an offer of employment or quit a job without good cause (regardless of the length of time on FA), the FA unit will be permanently disqualified.

NOTE: The JOBS penalties are in addition (cumulative) to any financial penalty imposed as a result of a Child Support sanction or disqualification.

735 PROCESSING CLIENT COMPLAINTS AND REQUESTS FOR DUE PROCESS/HEARINGS

Refer to the course on LETS entitled “JOBS Program Processing Client Complaints” for information on JOBS supervisory conferences, state office reviews, and hearings. You may also review Chapter 21 of the Assistance Payments Manual on Hearings.

CHAPTER 8

Erroneous Supportive Services Payments

800 Types of Erroneous Payments

A. General Information

Erroneous payments may occur when authorizing and paying for JOBS supportive services. An erroneous payment is an overpayment or underpayment for supportive service expenses. This chapter provides the policy for the identification and correction of such erroneous payments.

1. Erroneous payments must be corrected, unless otherwise specified. The method by which an erroneous payment will be corrected will depend on whether the erroneous payment was to a client or a service provider. Upon identification of an erroneous payment, the CM must take the appropriate corrective action as soon as possible, but no later than the time frames stated below.
 - a. Underpayments must be processed within three workdays after discovery.
 - b. Overpayments must be processed within thirty days from the date of discovery.
2. Erroneous payments will be corrected as stated below.
 - a. Underpayments *of JOBS supportive services* to clients will be corrected through the issuance of special payments *using ZE14 WATS Reimbursement Request*. Overpayments to clients will be corrected through recouping on FACETS *ZE14* and the Comprehensive Claims System, repayments directly from the clients, or referrals to the claims unit for legal actions. See section 825 below and Section 6 in Appendix B for more information on recouping overpayments to client.
 - b. Underpayments to providers will be corrected through disbursements from WRIF. Overpayments will be corrected through repayments directly from the providers or referrals to the claims unit for legal actions. No erroneous payment correction information will be entered on FACETS or the Comprehensive Claims System. The circumstances of the payment and the corrective action taken must be thoroughly documented in the case record narrative of each client on whose behalf the erroneous payment was made.

B. Underpayment

An underpayment is defined as either a reimbursement to the client or a payment to a service provider that is less than the amount the client or the provider should have received. This includes underpayments made due to administrative error.

1. Underpayments to clients resulting from the client's failure to report complete and correct information will not be corrected. This includes underpayments resulting from the client's failure to express a need for supportive services if documentation in the case record confirms that the CM discussed the client's need for services, offered assistance in paying for services, and the client declined the offer of assistance. If there is no documentation in the case record or on FACETS to show these actions were done, the underpayment must be corrected.
2. Underpayments to clients will not be corrected if the underpayment occurred more than 12 months prior to:
 - a. The date the county receives a request for correction from the client/provider; or
 - b. The date the county discovers that an underpayment has occurred.
3. Document the circumstances of each underpayment in the case narrative, including the period of each payment, date each payment was issued, the amount that was paid, the amount that should have been paid, and the amount and date of the corrective payment. The PSD-DFD-818 that is designed to document overpayments may also be used to document underpayments. If the 818 form is used to document an underpayment, mark through all references to "overpayment" and substitute them with "underpayment" to clearly identify the type of erroneous payment being documented.
4. Underpayments must be corrected through a special payment on FACETS or a disbursement from Welfare Reform Initiative Funds (WRIF).
 - a. A corrective payment for an underpayment to a client may be reimbursed to the client on FACETS **if** the services were authorized on ZD25 for the period of time the special payment is meant to cover, regardless of whether the case is open or closed on FACETS. The client may not be reimbursed through FACETS if s/he never had an open case on FACETS. If the services were not authorized on ZD25 or the client never had an open case on FACETS, the corrective payment must be made using WRIF. Refer to Appendix B, Section 6, page 9, for special payment codes.
 - b. A corrective payment to a service provider must always be made using WRIF.

C. Overpayments

An overpayment is defined as a reimbursement to the client or a payment to a service provider on the client's behalf that is more than the amount that should have been reimbursed or paid to the client or provider. See section 825 for instructions for the recovery of overpayments.

1. Erroneous overpayments may be the result of non-fraudulent or suspected fraudulent activities as described in section 805 below.

2. Overpayments to clients may be documented and tracked on the Department's automated Comprehensive Claims System (CCS) or manually on a ledger, at the county's discretion.
3. All overpayments to service providers must be processed and tracked manually.
4. A supportive service overpayment does not exist based solely on the fact that the client received supportive services for a month and was later determined to be ineligible for FA benefits for that month. For example, a client participated in job readiness classes during the month of June, and was reimbursed for transportation services for that month. In July, the PA worker determined that the client was ineligible for FA in June and therefore an FA overpayment exists for that month. There is no overpayment for JOBS, as the client participated as required and was correctly reimbursed for transportation expenses.

805 Reasons for Erroneous Payments

A. Administrative Error

Administrative error occurs when the CM fails to correctly apply JOBS Program and/or Department policies regarding authorization and payment of supportive services to the client or a service provider. It includes the CM's failure to correctly reflect information disclosed to any staff member of the Department and the authorization and payment of a service that is prohibited in JOBS or Department policy.

B. Non-Fraud (Inadvertent) Client Error

A non-fraud client error occurs when the client fails to report or incorrectly reports facts regarding her/his situation, but there is no indication of intent to defraud. This may occur as the result of:

1. A lack of understanding on the part of the client (that is considered to exist if the case record documents that the requirement was not explained to the client or that the client cannot be held responsible for giving complete and accurate information due to a disability); or
2. The client fails to report a change in circumstances in a timely manner (within 10 days), but reports the change at a later date when prompted, and there is no contrary evidence that supports an allegation that s/he deliberately intended to defraud the agency.

C. Non-Fraud (Inadvertent) Provider Error

A non-fraud provider error occurs when the provider charged and was paid by the Department for services that were not authorized by the CM or not provided as authorized without the intent to defraud.

The period and amount of the claim must be determined as stated in sections 815 and 820 below.

Recovery action must be taken as stated in section 825 below, except, all recovery actions must be performed manually. The claim should not be entered on FACETS or the Comprehensive Claims System.

D. Suspected Fraud Client Error

This section contains information on handling suspected fraud due to client error. See “E” below for information on handling suspected fraud due to provider errors. Suspected fraud client error occurs when a client receives an overpayment for supportive services as a result of the client’s willful withholding of information or providing false information regarding the need for, provision of or use of the services. Withholding of information on the part of the client includes the client’s failure to report changes in circumstances that affects her/his eligibility, and also the use of supportive services for purposes other than employment, participation in a JOBS activity, or as otherwise authorized.

1. There are three essential elements in determining whether an overpayment is to be classified as suspected fraud. Each of these elements must be clearly documented in the Summary of Circumstances section of the PSD-DFD-818 before a claim can be properly classified as suspected fraud. Since these elements are the basis for a referral for legal action, the inability to properly support the basis for a suspected fraud decision will mean that the claim will be considered as non-fraud.
 - a. Documented evidence to substantiate the facts upon which the overpayment has been determined;
 - b. An actual overpayment for supportive services; and
 - c. Evidence that the client intentionally committed the action or inaction that prompted the overpayment.
2. The legal basis for a suspected fraud determination is found in State Law. The Code of Alabama 1975, Sections 13A-8-2, 13A-2-23, and 13A-9-18 are the primary provisions under which someone suspected of fraud may be prosecuted. These State Law provisions emphasize the intention of the individual suspected of fraud. It is for this reason that some explicit action or inaction on the part of the individual that demonstrates his/her intent to defraud must be carefully documented in support of a determination of a suspected fraud claim.

E. Suspected Fraud Provider Error

Suspected fraud provider error occurs when a service provider receives an overpayment for supportive services as a result of the provider’s willful withholding of information or providing false information about services provided to JOBS clients.

The period and amount of the claim must be determined as stated in sections 815 and 820 below.

Recovery action must be taken as stated in section 825 below, except, all recovery actions must be performed manually. The claim should not be entered on FACETS or the Comprehensive Claims System.

F. Erroneous Reimbursement/Payment Examples:

There are different situations that may cause a client to receive erroneous supportive service reimbursements/payments.

1. The client may have received services, been reimbursed (based on proper verification/documentation), but failed to actually pay the service provider. It is not the County Department's responsibility to mediate disputes between the client and the service provider. In this situation, the provider will need to deal directly with the client, even if it involves taking legal action.
2. The client may have been reimbursed for services that were not received and/or expenses that were not incurred. As no expense was incurred and/or no service received, this constitutes an erroneous payment and corrective action must be initiated.
3. The client may have used the services for purposes other than employment or participation in approved JOBS activities. This includes situations when the provider was paid directly using WRIF.

810 Responsibilities of JOBS Unit

It is the responsibility of the JOBS Unit or CM to handle cases of erroneous supportive service payments, including suspected fraud, except as stated in “B” below. An erroneous payment may occur with any supportive service that is paid to the client as a reimbursement using FACETS or to a service provider on behalf of a client using Welfare Reform Initiative Funds (WRIF). Refer to section 605 for the types of expenses that may be paid using these methods and to sections 815 and 820 below for guidance on determining the amount and recovery of erroneous overpayments.

- A. The following case management activities should be conducted to reduce or minimize the incidents of erroneous payments, including suspected fraud claims:
1. Review the most recent assessment information in the JOBS case record and on FACETS prior to interviewing or otherwise contacting the client to have a working knowledge of the client’s circumstances.
 2. Create a relationship with the client in which the client will not be hesitant or fearful discussing her/his situation.
 3. Explain to clients carefully and in detail the program requirements and their responsibility for providing thorough accurate information regarding their need for and use of supportive services, including the reporting of changes.
 4. Be alert to limitations and conditions that may reduce the client’s ability either to fully understand or to fulfill her/his obligation to provide thorough and accurate information about her/his situation, and take steps to assist her/him in providing this information.
 5. Follow JOBS Program policies and procedures for providing supportive services, and be alert to inconsistencies and possible omissions in information provided by clients.
 6. Increase the frequency of contacts in situation in which it appears that the client has difficulty in reporting changes or contacting the agency.
 7. Follow up immediately on changes, which are anticipated in clients’ circumstances between and during reassessments.
- B. It is the responsibility of the Childcare Management Agency (CMA) to handle cases of erroneous payments made by that agency, including erroneous payments made on behalf of JOBS clients. If the CM learns of an incorrect payment or possible fraud in childcare that has been authorized by a CMA, the information should be reported to the CMA for appropriate action.

815 Determining the Period of the Overpayment

The period of an erroneous overpayment is the period of time that the client received reimbursement or a service provider was paid for supportive services for which the client was partially or totally ineligible, did not receive, or received at no cost. Each period consists of a month or series of continuous months in which an erroneous payment was made based on the same causal factors. The services may have been reimbursed to the client or paid to the provider in one or more payments during any given month.

A. Erroneous payment periods are to be determined as stated below.

1. The erroneous payment period includes the first through the last day covered in the reimbursement(s) or payment(s) issued to the client or provider that did not reflect the correct information, except as stated in 2 below.

Example 1: At an assessment on 4/28, client agreed (on her IJP) that she would use her car as transportation to and from the CEMP site to which she was assigned, and requested reimbursement for mileage beginning 5/4. Transportation expenses were authorized from 5/4 through 7/31. On 6/2, the CM received documentation from the client (1707) that she had incurred a total of \$100 in transportation expenses from 5/4 through 5/31. The CM reimbursed the \$100 on 6/3. On 6/23, the CM discovered and verified that the client had not incurred a cost for transportation as she rode free of charge with an employee of the CEMP site. The erroneous payment period is 5/4 through 5/31.

Example 2: Jon Doe Incorporated provides job readiness service to referred JOBS clients at a rate of \$40 a day for each client in attendance. On 6/10, the county received an invoice from the company requesting payment of \$4400 for services to 5 clients for 22 days of classes from 5/2 through 5/31. The company was paid the \$4400 on 6/20. On 7/15, the county received a \$2000 invoice for the same clients for 10 days of classes 6/1 through 6/14. The company was paid \$2000 on 7/28. On 8/21, the CM verified that two of the clients attended the class only 5 days in May and 2 days in June. The erroneous payment period is 5/2 through 6/14.

2. If a 10-day advance notice is required before authorized services are reduced or terminated, the erroneous payment period begins the day following the date of the expiration of the advance notice, **except** as stated below.
 - a. No overpayment will exist for services during the advance period if the client used the services for employment purposes or for the purpose the service was originally authorized. Furthermore, if the client participates and incurs allowable expenses, reimbursement to the client or payment to the provider must be made.

- b. An overpayment will exist during the advance notice period if the client used services for purposes other than employment or as otherwise authorized. In these instances, the client will be responsible for repayment of the overpayment, even if the payment for the services was made to the provider on the client's behalf.

Example: Client authorized for transportation services from 9/12 through 12/14 to attend a training program. On 11/6, the CM learned that the client was no longer attending the training as agreed. The CM was unable to contact client by phone. Advance notice sent to client to terminate transportation services effective 11/17. On 12/20, the CM learned that Doe's Transportation Services had been paid for transportation services provided to the client on 11/10, 11/12, 11/16, 11/22, and 11/29 to attend the training. The CM verified that the client did attend class on those days. The overpayment includes payments made for 11/22 and 11/29 only. The client is responsible for repaying the overpayment.

820 Determining the Amount of the Overpayment

- A. The amount of an overpayment is the difference between the amount of payment the client was reimbursed or the provider was paid and the amount that should have been reimbursed or paid. The overpayment amount is calculated by subtracting the amount that should have been paid from the amount that was actually paid.
- B. The CM must use the current “Overpayment Form,” DHR-DFD-818, to calculate and document overpayments, including those involving suspected fraud. (See instructions and form in Appendix A.) Accurate and prompt completion of the form is essential.
1. The form should be completed within 30 days of determining the error. The computation section should be checked carefully. The narrative section should document the facts of the case, including how the error was discovered, the time period covered, and evidence used to substantiate the findings. It should also be documented that the CM explained the client's responsibility to report any changes affecting eligibility for supportive services.
 2. If a client receives more than one supportive service in error (for example, childcare as well as transportation services), the client is expected to repay the total amount. A separate 818 must be completed for each supportive service category, although the set of circumstances or summary is the same for each overpayment. The client will be requested to repay the total amount, but one repayment agreement may be used.
 3. Before an overpayment may be labeled as suspected fraud, the narrative portion of the 818, “Overpayment Form,” must document the fact that the overpayment occurred and that there is evidence that the individual intentionally withheld or falsely reported information which led to the overpayment. An evaluation should be made of the reason the client gives for her/his action and her/his perceived ability to understand the responsibility for reporting accurate information. Personal contact should be made with the client to properly evaluate her/his reason for the action. If the client fails to cooperate with the CM's request to discuss the suspected fraud, documentation should be made of the CM's efforts. This should be part of the case record narrative documentation, as well as the 818.

825 Recovery of Overpayments to Clients

- A. All overpayments that exceed \$25 should be recovered. The client's FA and Food Stamp benefits may not be reduced to recover overpayments involving JOBS supportive services. Once such an overpayment is identified, a letter must be sent to the client or provider notifying her/him of the overpayment, and requesting that the client come in for a face to face interview. During the interview, the CM should discuss circumstances of the overpayment and repayment options with the client.
1. The "Repayment Agreement," form DHR-OFA-1562, should be discussed with the client and an appropriate plan devised so that repayment may be made in the shortest time possible.
 2. The client may agree to repay the Department directly or have the overpayment recouped as stated below. If the client is not a current recipient or chooses to make repayments in cash, the client should be instructed to make payments to the County Department.
 3. Once a repayment agreement has been reached, a series of letters may be necessary to encourage the client to remain current in repayment of the debt. Appendix A contains sample letters that should be used by the CM to notify the client that an overpayment has occurred and repayment is necessary.
 4. The CM should witness the repayment agreement, file a copy in the client's record, and give a copy to the client. A copy should also be forwarded to the County Finance Officer so that when the County Department receives payments, the County Finance Officer will have a record in order to make receipts.
- B. For those clients who receive an overpayment in a supportive service category, the overpayment may be recovered by reducing future reimbursements for the particular service category that was overpaid. This process is referred to as recoupment, and may be done and tracked on FACETS. See Appendix B, Section 6 for guidance on entering recoupment amounts on FACETS.
1. Recoupment should occur only if the overpayment is due to client error, not provider error.
 2. If an overpayment will be recouped on FACETS, the claim must first be registered and confirmed on the Comprehensive Claims System (CCS). The instructions for entering client claims on the CCS may be accessed from the shared drive at OFO/CCSMAN.doc. The overpayment should be registered and confirmed on the CCS according to those instructions. Questions regarding the entry of information onto the claims system should be sent to the Office of Fraud and Overpayment.

3. Reimbursements for supportive services may be reduced each month by 10% in order to repay a supportive service overpayment. With the client's concurrence, the amount of reduction may be greater than 10%.
 4. See appendix B, section 6 for guidance on completing ZE14 for recoupment. Please note that reimbursement for several categories of services may be issued in a single warrant. However, recoupment must be from the category in which the overpayment occurred. Once a recoupment amount is listed on FACETS, it will read the CCS to determine if there is an outstanding balance. If not, edits will prevent recoupment. If a balance does exist, FACETS will deduct the amount entered on ZD14 from the amount of the warrant. Print a copy of ZE14 showing the recoupment amount and forward to the County Finance Officer for bookkeeping purposes. Otherwise the Finance Officer will not know that recoupment has occurred.
 5. The PSD-DFD-818 must be completed manually for all JOBS claims. The trial budgets on the CCS, which results in an automated PSD-DFD-818, are applicable to Food Stamps and Family Assistance claims only.
 6. The county should establish appropriate controls to document the 10% reduction and to assure that the exact amount of overpayment is recouped.
- C. The County Finance Officer should collect and post payments received from clients and providers according to policy in the *Administrative Policies and Procedures Manual*. If the claim is entered on the CCS, all payments toward the claim, including recoupment as stated above, should be posted on the CCS according to the instructions on the shared drive. This must be done to keep the claim balance on the CCS current for future recovery, as well as to prevent over collection of a claim.
1. The account must be maintained on either a general ledger format or enter the overpayment claim on the Comprehensive Claims System.
 2. Clients and providers must be given receipts for checks, money orders or cash submitted.
 3. Each month, the County Finance Officer should total the amount of collections for the JOBS Program, list this on the PSD-BFA-826, and forward the PSD-BFA-826 along with a check to the Finance Division in the Department. Because of different funding sources for childcare and other supportive services, it is necessary to clearly distinguish the specific benefit (i.e. child care, transportation, participation-related expenses, etc.) for which repayment is being made, especially if the client is repaying more than one debt.
- D. If collection action through the repayment agreement is not satisfactory, the case may be referred to the Office of Fraud for collection action through Small Claims Court, private attorneys or certification for state income tax offset.

- E. In all cases of fraud involving an overpayment in excess of \$2500, the “Overpayment Form,” DHR-OFA-818, should be submitted to the Office of Fraud for review or possible prosecution.
1. In some cases, the CM may know of clients having an accompanying overpayment in a food stamp or public assistance program. If the combined totals of the overpayment exceed \$2500 (even if the JOBS portion may not exceed \$2500) and this is known to the CM, the “Overpayment Form,” DHR-OFA-818, should be submitted to the Office of Fraud for review.
 2. The Office of Fraud will review the summary of circumstances to determine if a referral for prosecution should be made to the DHR prosecutor or the local district attorney, depending on the circumstances and locality.
- F. No collection action should be taken against a client who has filed for bankruptcy. This would be in violation of a court order and could result in potential liability to the CM and the Department.

CHAPTER NINE

PROGRAM RESOURCE DEVELOPMENT

900 OVERVIEW

- A. With the goal of the JOBS Program being, within the constraints of the five-year time limit, to move clients off welfare and into unsubsidized employment, it is essential that appropriate steps be taken to assure clients gain employment as quickly as possible.
- B. JOBS fits very well into the goals of other agencies and organizations within the community, so the County Department must consistently and effectively engage existing community resources in the process. In the absence of existing resources, the County Department must make every effort to develop new resources in order to maximize the opportunities for clients to achieve self-sufficiency.
- C. It is essential that the County Department present a positive image of the JOBS Program to the community, as the potential for resource development depends on how JOBS is perceived.

905 TASK FORCE

- A. Each county is required to develop and maintain a local Task Force composed of representatives from all segments of the community. The Task Force will be instrumental in locating and developing resources in the county which will benefit JOBS participants.
- B. The County Department, or another mutually agreed upon person or entity, should maintain minutes of each Task Force meeting. Copies of the minutes should be maintained in a central file within the County Department and made available for review upon request.

910 COMMUNITY EMPLOYMENT (CEMP)

A. Recruiting Sponsors (*Work Sites*)

1. In recruiting sponsors for Community Employment (CEMP), as described in section 520, the County Department should project the need for specific sponsors based on the number of persons expected to participate, their characteristics and skills, and the number of hours of work anticipated.
2. Participant turnover should be taken into account as several participants may be assigned to the same position over the term of a year. Identifying the possible sponsors in the area is the next step. Many of these agencies will be known to local staff or members of the JOBS task force. In addition, telephone books, city directories, brochures, trade associations, and other publications are useful in locating possibilities.
3. Several methods can be used to contact potential sponsors. Letters, media advertisements, and group meetings can be used successfully for this purpose. Preliminary discussions should be held with the administrators or directors of the agencies which are being considered as possible sponsors. Although they may not be directly involved later, their commitment to *CEMP* and their decisions regarding participation and provision of supervision and support are essential. This also helps assure their continued involvement and support.

B. Introducing CEMP

1. It is crucial during the introductory phase to provide information in several areas. The goals and purposes of CEMP should clearly be presented so that potential sponsors understand the program's rationale, concepts, and requirements. Form DHR-WR-1698, work site "Agreement," should be used for this purpose. Sponsors must understand these factors before they can determine if participation as a sponsor will be beneficial, or possible. Sponsors should understand the sanctions and penalties that clients will incur if they fail to participate satisfactorily. They must also understand the need for accurate reporting of time, attendance, and work performance so that the client's participation can be fairly evaluated and continued eligibility can be determined.
2. It is important to emphasize early in the contacts with sponsors that program requirements for record keeping are not overly demanding but are essential.
3. The CM should strive to develop as many sponsors as possible and should regularly nurture the relationships established with the sponsors, as they are potential employers.

C. Responsibilities of Sponsors

1. Full discussion of the delineation of responsibilities and requirements of the sponsor and the County Department as outlined in form DHR-WR-1698, work site “Agreement,” is important. Responsibilities of the sponsor include:
 - a. on-site daily supervision of the participant;
 - b. provision of equipment and supplies needed for work assignments;
 - c. maintenance of safe and reasonable work conditions which are not in violation of Federal, State, and local health and safety standards;
 - d. assuring no displacement of persons currently employed and no filling of established vacant positions by participants;
 - e. assuring no involvement in political, electoral, or partisan activities;
 - f. assuring no violations of existing labor agreements between employees and employers as a result of participation (strikes, lockouts, etc.); and,
 - g. reporting of time, attendance, and other management and performance data every two weeks or as otherwise required.
2. Client evaluation is the responsibility of the sponsor. In addition to completing the DHR-WR-1700, “DHR/CEMP Performance Evaluation,” sponsors should be prepared to provide letters of recommendation and to respond to telephone requests from prospective employers wanting to know the capabilities of current or former CEMP participants.

D. Responsibilities of the County Department

1. The County Department is responsible for facilitating participation in order for the client to gain maximum benefit.
2. The County Department’s responsibility includes:
 - a. selection of clients for assignment or interview with a sponsor;
 - b. notification to the client and the sponsor of the date the assignment is to begin, the number of hours the client is expected to participate each week, any changes in the number of hours assigned, and the termination of the assignment;

- c. Completion of form DHR-WR-1699 (CEMP DHR/Participant Agreement) and other CEMP forms as appropriate;
- d. explanation of insurance coverage available to CEMP participants;
- e. assistance to the sponsor in scheduling or rescheduling work hours for clients and in evaluating the client's performance and progress;
- f. payment of authorized participation expenses;
- g. assurance that needed supportive services are in place prior to assignment;
- h. periodic monitoring of work site activities, including meetings with on-site supervisors;
- i. clarification of program policies when necessary;
- j. assisting the client in maintaining an updated resume; and
- k. submitting and receiving a response to form DHR-DFC-1598, "Request for Clearance of State Central Registry on Child Abuse/Neglect" prior to placement of a client with a sponsor where the client would have contact with children.
 - (1) The Central Registry should also be cleared for clients who are already participating in child-related activities, such as child care provider training, or who are being placed in such training.
 - (2) The form must be completed by the CM and signed by the client.
 - (3) The form should be submitted to and cleared through the staff within the County Department who *has* this responsibility. The yellow copy will be returned to JOBS, along with any report, if found.
 - (4) Upon review of the report, the material should be returned to the county registry staff for shredding. If a report is discovered in another county, registry staff will write the case number and county name on the report. JOBS staff will need to request the report from that county and after review, send to registry staff for shredding.
 - (5) If there has been a founded/indicated or reason to suspect report of abuse and/or neglect, the client should not be placed with any *CEMP* sponsor that gives the client access to children. This includes positions not only involving direct care but non-contact positions such as food services, clerical, janitorial, or other positions.

- (6) If there has been an unfounded/not indicated report, the person may be placed with the sponsor. However, if there is information in the report that would indicate the person may not be suitable for employment or training in a field involving children, the CM may want to discuss other options with the client. At no time should copies of the CA/N report be shared with any other agency or sponsor. Information received through the clearance is strictly confidential. Section 26-14-8 (c) of the Code of Alabama 1975 states that "any violation of this provision of confidentiality shall be a misdemeanor and punishable accordingly."
 - (7) File the DHR-DFC-1598 in a central file once all action has been completed, and put references in the case narrative regarding the clearing of the registry.
3. Prepared materials detailing these responsibilities should be distributed before meetings with potential sponsors. A checklist outlining these areas may be useful as a screening mechanism in deciding whether to continue negotiations with the potential sponsors.

E. Specific Arrangements

1. When an entity agrees to serve as a sponsor, DHR-WR-1698, work site "Agreement" form, should be completed.
2. It may be helpful to obtain job descriptions from sponsors. Form DHR-WR-1705 (Provider Request Sheet) may be used for this purpose. The job description should include the following:
 - a. nature of task to be performed (clerical, maintenance, etc.);
 - b. location;
 - c. number of hours needed per week;
 - d. skills required (typing, heavy machinery operation, possession of valid driver's license, etc.);
 - e. special work conditions;
 - f. special screening required (food handler's certificate, police checks, etc.); and,
 - g. name and phone number of supervisor/contact person.

F. Review of Assignment

1. It is important that sponsors understand that when clients reach a satisfactory level of performance, they will eventually be reassigned or find employment.
2. It is the responsibility of both the sponsor and the County Department to periodically review each client's assignments to determine the placement and duties that will be most beneficial to the client. Sponsors should be aware that assignments are made to benefit the client and not the sponsor. Many assignments will be short term. The client's FRP may need to be revised or other component assignments made.

G. Sponsor Policies

1. Since sponsors differ with regard to policies for rescheduling hours, handling emergencies, and accepting a client following a previous unsuccessful assignment, each party to the agreement should have a clear understanding of these policies.
2. Each party should understand what happens if there is a family emergency, a client fails to report or reports at the wrong time, or leaves the assignment early. Agreeing on how to handle these contingencies will assure a more effective program.
3. County Department staff should schedule on-site visits to monitor the client's performance or to confer with the sponsor, and the visits should be scheduled in advance with the work site supervisor. During the initial phase, visits may be more frequent. Follow-up contacts should occur at least monthly. It is also a good idea to keep work sites up to date about the total program as it progresses. Annual or quarterly reports with a summary of experiences and cumulative statistics will help keep the interest and support of sponsors.

915 MENTORING

A. Recruitment

1. When recruiting JOBS mentors, as described in Chapter 5, there are several resources that can be used for recruitment. Many times the recruitment effort results in more volunteers than can be used in the program but keep in mind that not all who volunteer initially will actually be utilized.
2. Some will be screened out during the initial application and screening process and others will realize they cannot commit the necessary time required to the program.
3. Recruitment can be the responsibility of the JOBS CM, Supervisor or the Community Resource Specialist. In counties that have VISTA volunteers, this can be one of the VISTA goals.
4. **Ideas for recruitment include:**
 - a. **PUBLICITY:** Local newspapers will be a good source of publicity. Pictures and articles about the program will stimulate interest in the community. Posters and brochures will be helpful as will public service announcements on local radio stations. Church bulletins are also good sources for publicity.
 - b. **GROUP PRESENTATIONS:** Presentations should be developed that can be used to generate interest in the program. These can be presented to civic organizations, business groups, churches, etc. Contact these groups and ask to present your program at one of their meetings.
 - c. **COMMUNITY RESOURCES:** Contact local senior citizens groups, private businesses, volunteer organizations, and other social groups.
5. Local staff should use innovative ideas to publicize the program and the need for volunteers. Coordinate recruitment efforts with other units in the county office to avoid overlap.
6. Target the types of individuals you are interested in recruiting. Be as informative as possible about the JOBS Program. Be positive and realistic. Maintain a file of names, phone numbers, and addresses of individuals and organizations you contact.

B. Orientation

1. An orientation session should be held as soon after the recruitment effort as possible to bring together those who may be interested in volunteering to be JOBS mentors. This will provide another opportunity to thoroughly explain the program and requirements of the mentor.

2. The possible mentors can ask questions and hopefully get a clear understanding of what will be required of them and what to expect. During the orientation some will decide the program is not for them or they do not have the time to commit. Some may decide that they want to volunteer in some other capacity. These persons should be referred to the Community Resource Specialist or other appropriate person in the county office. Application forms may be given out and those who are interested may complete them at that time and turn them in. Contact interested applicants to set an appointment for an interview. There may be some who want to think more about it. They can return their applications later.

C. Application/Screening

1. The application in Appendix A should be used. The application should be filled out as completely as possible. Review the application prior to the appointment with the volunteer. Make sure there are references listed that can be contacted after the interview. During this interview have the volunteer sign a Statement of Understanding (See Appendix A).
2. During the interview, ask questions in regard to:
 - a. Past volunteer history/experience
 - b. Reasons for interest in the JOBS Mentor Program
 - c. Community involvement
 - d. Family
 - e. Work ethic
 - f. Life experiences that would be pertinent
 - g. Skills that would be helpful
 - h. Attitudes toward clients
 - i. Strengths/Weaknesses
3. Discuss with the applicant confidentiality, training requirements, liability, reference check procedure, and the philosophy of the JOBS Program. Also explain reimbursement procedures for mileage and insurance coverage that is provided through the DHR Volunteer Program. The Community Resource Specialist or Volunteer Coordinator will have this information available.

4. After the interview, contact the references listed on the application form. These should include a neighbor, a supervisor of paid or volunteer work, and a person who knows of the applicant's work or volunteer activities in the community.
5. Keep in mind the goals of the JOBS Program when making a decision about an applicant. Consider all information gathered from the application, the interview, and the reference check. The decision that an applicant is not appropriate to be a JOBS mentor should be based on the evaluation of the JOBS Program and the skills identified in the JOBS Mentor JOB Description that are necessary to achieve the goals of the JOBS Program. When explaining to the applicant why her/his application is not approved, be specific. If the individual can assist DHR in other ways, such as fund raising, this should be mentioned and the applicant referred to the appropriate person.

D. Training

1. Mentors should be required to attend training conducted by the JOBS CM, Supervisor or the Community Resource Specialist.
2. The training will cover what to expect, what will be expected of the mentor, confidentiality, etc.

E. Matching

1. Once the training is completed, the mentor should be matched with a client. Consider the client's attitude, personality, maturity, background, attitude about the program, level of support and commitment, career goal, motivation, etc.
2. Try to match the client with a mentor who has a similar background and career, and who will be most beneficial to the client. For example, match a client who has little knowledge of community resources and how to use them with a mentor who is knowledgeable of community resources and how to use them.

F. Reporting

1. The CM should have contact with the mentor on at least a monthly basis, either in person or by phone.
2. The CM should also have monthly contact with the client to discuss any problems and to generally discuss the current situation and how the mentor-client relationship is working.

920 ESTABLISHING PARTNERSHIPS WITH INDUSTRY

A. Overview

1. The term, "Partnership for Employment," indicates a general concept, not a specific process. Partnerships bring together companies in need of employees with the County Department (which can provide workers through the JOBS Program) as well as other local entities which can assist the companies in meeting their production goals.
2. The core concept of most Partnerships is to provide clients hired through this process with a short-term class on life skills and work habits as they make the transition into the world of work.
3. Each County Department is required to submit to the Office of Work and Training Services a quarterly report of the partnership initiatives that have been undertaken.
 - a. The report is due by the 15th of the month following the end of each quarter, for example, reports are due January 15, April 15, July 15, and October 15.
 - b. Examples of the types of information to include in the report are:
 - (1) the types of jobs that are being located;
 - (2) the wages and benefits offered; and
 - (3) any other information pertinent to creating employment opportunities.

B. Getting to Know Your Local Industries

1. The first meeting with the representative(s) of any business/industry should be held at the industry job site and should be preliminary in nature. This will give the County Department a chance to see the facilities and working conditions and will help in determining how best to work with the company.
2. Examples of topics to be discussed during the first meeting include:
 - a. Type of work;
 - b. Number of employees needed;
 - c. Retention rate;
 - d. Time table;

- e. Workmen's compensation;
- f. *CEMP* placements (only if no vacancies - this is discussed later);
- g. Required education;
- h. Required skills;
- i. Work hours;
- j. Wages;
- k. Benefits;
- l. Opportunity for raises/advancement;
- m. Mentor program;
- n. Union/non-union;
- o. Day care (on-site?); and
- p. Transportation (provided?).
- q. After the meeting, the County Department should discuss the possibilities for referrals and seek input from others if a broader project is proposed. Depending on the data gathered during the assessment process, the “WATS CLIENT INQUIRY MENU” (ZD04) on FACETS may provide information to facilitate the discussion, including: clients by current employer;
- r. clients by previous employer; and
- s. clients by career goal.

C. Potential Partners and Their Roles

- 1. In addition to the company and the County Department, primary partners include:
 - a. State Department of Education (SDE)
 - (1) The local AE provider can provide the life skills/work habits training, including providing the teacher and materials.

- (2) The classroom should be located at the job site, if feasible.

NOTE: It is recommended that the employees' break room not be used as a classroom due to the frequent disruptions.

- (3) Class schedules will be determined by the partners based on what will best meet the needs of the client and the company (morning, afternoon, end of day, two hours per day, four hours per day, six weeks, eight weeks, etc.).
- (4) Classes should be intensive, particularly in the beginning.

b. JTPA

- (1) Local JTPA staff will likely have a good feel for the viability of establishing Partnerships with the various companies in the community.
- (2) JTPA may participate by funding on-the-job training (OJT) through a company, provided the wages paid by the company are at least \$5 per hour. Some companies are willing to raise starting wages in order to obtain JTPA participation.

- (a) In order for a client to be a candidate for participation in a JTPA-funded class, the client:

must be at least 22 years old; and

must not have had previous training on this type of job.

- (3) If JTPA participates, they will:
 - (a) conduct assessments involving eye-hand coordination, TABE testing, and evaluation of work/life-style attitudes of certified applicants.
 - (b) reimburse the company half of the hourly salary for every hour of OJT and classroom time for each client.

c. State Employment Service (ES)

- (1) Any client selected to participate in a JTPA-funded activity should be referred to the State Employment Service for JTPA eligibility certification. ES may be able to conduct this certification at the County Department.
- (2) ES should be included in initial discussions, regardless of whether JTPA participates.

d. Alabama Industrial Development Training (AIDT)

- (1) AIDT can provide training for new and expanding businesses.
 - (2) In certain situations, OJT Instructor Training and Management Training for company supervisors can be provided.
- e. Alabama Cooperative Extension Service
- (1) The Extension Service can assist AE providers with life skills classes, facilitate employee mentor program, and instruct the company and its employees on the earned income tax credit.
 - (2) The Extension Service has Industrial Development Agents in five state regions serving each county. These agents specialize in promoting job development with industries.
- f. Housing Authority
- (1) Clients living in a public housing community need to know how gaining employment will affect their housing. For example, the client's income should be excluded from rent calculations for the first 18 months after completing the training program.
- g. Others receiving housing assistance may not receive the same benefits. The local Housing Authority should be made aware of the Partnerships and the potential impact on clients who are residents in their facilities.
- h. Industrial/Economic Development Authority
- (1) Industrial or Economic Development Authorities can provide valuable information about dealing with the company and can facilitate communication between the County Department and the company.
 - (2) The local Chamber of Commerce may serve in this capacity.
- i. Other
- (1) Vocational or technical schools, Head Start (which does some parenting and life skills), churches, etc., are also potential partners.
 - (2) The County Department should think creatively about other potential partners.

D. Preliminary Activities

1. While a Partnership may be initiated by any of the partners, one primary agency should be responsible for calling the partners together as an Industry Response Team (IRT).
2. The IRT should appoint a facilitator for the project. Also, a company contact should be established at the outset, preferably the training manager or personnel manager.
 - a. The facilitator may be one of the agency personnel directly involved, for example, the JOBS supervisor, JTPA coordinator, an economic developer or a community person and must be readily available and accessible.
 - b. The facilitator should be the primary contact for the company and should be responsible for keeping all partners updated on the project.
3. The first step should be for the County Department, AE, and JTPA staff (and others as appropriate) to meet with the prospective company to explain each partner's role and requirement(s) as well as what is and is not expected of the company. In addition to the basic steps of the project, it should be explained that:
 - a. Once the project begins, the clients are employees of the company.
 - (1) The company is responsible for selecting who is to be hired as well as when it is appropriate for a person to be fired.
 - (2) Unless there is a substantial problem that necessitates firing a client, the company should be encouraged to retain all the clients for the duration of the project in order to give them a fair chance to succeed.
 - b. If the company does not have formal policy addressing such things as calling in, documenting absences, the number of acceptable excused absences, etc., the company, with the assistance of all the partners, should develop standard policies to be enforced for the duration of the project.
 - c. The AE Instructor is primarily responsible for class content.
 - (1) The class should focus on life skills, work habits, and other areas that will help make the clients good employees. It is not a GED class and the focus is not academics (although the instructor may work with the clients on some deficiencies as time allows). Companies should be encouraged to contribute, through the instructor, any company-specific or policy information which can be discussed in the class.
 - (2) The OJT instructor is encouraged to schedule with the AE Instructor a time to come to the class and discuss problems or concerns about production that are better discussed in a classroom environment than on the floor.

- d. The company should be asked how many new employees are initially required, as the company may have a tendency to overestimate their need. As a general rule, a class should not be undertaken for less than 8 to 10.
 - e. The company should be advised that clients may initially be lacking in social, communication, and problem-solving skills but that this can be learned and that the life skills class, by going on simultaneously with the first few weeks of employment, can address these deficits to make the clients excellent employees.
 - f. The life skills class is part of a joint effort to provide the company with good employees. For the duration of the project, the company is expected to pay the clients for their time in class at the same rate as their actual work time.
- 4. After meeting with the company, the IRT should meet to decide whether the company is a viable candidate for a Partnership. Things to be considered include the company's retention rate, turnover rate, wages, benefits and working conditions, and whether the employment is seasonal.
 - 5. A written agreement should be developed by the IRT outlining each partner's responsibilities, how long the life skills class will last, how long JTPA will fund OJT, what the company will do, and a proposed timeline. The agreement should be signed by each partner.
 - 6. Once a Partnership agreement has been reached, the County Department should immediately, within a week or two, identify an adequate number of clients for participation. Clients currently serving sanctions or deferred may also be considered. Also, adjoining County Department's who have clients within commuting distance should be brought into the discussion.
 - a. If the company needs 15 people (which is an ideal size group), the original list needs to be **at least** 25 clients. This will allow for JTPA assessment to eliminate some and the company interviews to eliminate some.
 - (1) The drop out rate once the project begins usually ranges from 3 to 5. Allowing the employer to select the most suitable individuals for the openings will lessen the possibility of complaints later.
 - b. The CM should promptly send out letters or make calls to prospective clients.
 - (1) A client currently assigned to another component activity may be considered a viable candidate for participation, even though the job may not be exactly what the client might prefer.
 - (2) The opportunity should be presented in the most favorable way possible, and the client should be made to feel a part of a very select group.

- (3) The client is expected to take part in all preliminary screening and orientation and to accept the job if offered.
 - (a) The client should understand that failure to do any of these may result in a sanction.
 - (b) It is the client's responsibility to arrange transportation, attend regularly, and participate as required.
7. When the list of prospective clients has been compiled, the County Department should take the list to the JTPA-OJT Coordinator, who will arrange the usual assessments and will take test results to the company.
8. The company will use the test results to interview each client and select the most suitable candidates. Although JOBS and JTPA input is invaluable, the final decision always rests with the company.
9. If a client is not able to meet production standards by the end of the training program, the company should be encouraged to give the client ample opportunity to come up to standards before a decision is made to terminate the employment. If the company determines there is cause to terminate a client's employment during the course of the training program, the company should contact the CM immediately.
10. A mentor program comprised of current employees selected by the company is strongly recommended. Existing employees can help clients to meld into the work force by meeting with them during breaks to discuss the workday or helping them network with other employees to find carpool opportunities, etc. The mentors should understand that the reason they were chosen is they are considered to be exceptional role models.

E. Developing Partnership for Employment Projects

1. Orientation

- a. The project should begin by having all the selected clients come together for an initial orientation. While all partners may be present, it should be decided beforehand who will be in charge of the orientation session, for example, the JTPA coordinator, the personnel manager, etc.
- b. Clients should understand the consequences of not participating or succeeding in the program. The AE life skills instructor, the company manager, supervisors, personnel manager, OJT instructor and others who will be in contact with the trainees should be introduced. Mentors may be introduced as present employees who are available to help if needed, or they may be brought to meet the new employees individually after orientation and the start of the project.

2. The Life Skills/Work Habits Class

- a. By this point, a mutual decision about the duration of the class should have been made. The duration should not last so long that the new employees become impatient.
- b. The basics of being a good employee and keeping a job must be stressed continuously.
- c. The AE coordinator likely has most of the materials that will be needed. The Vision material is available from OWATS if the instructor would like to use it in the class.
- d. Most instructors start with general outlines of what will be covered, stressing things such as communication, problem solving, how to be a team player, understanding the paycheck and benefits, functional math skills like budgeting, banking, taxes, etc., self-esteem, self-confidence, values, etc.
- e. A significant part of the life skills training should be aimed at dealing with how the client communicates with the employer and the supervisor.
- f. An instructor may also help clients register to vote, get a driver's license, and, where possible with minimal instruction, obtain a GED. However, the instructor must be flexible enough to change to meet day-to-day issues that arise as the clients get further into their new jobs.

3. During the Project

- a. The company holds all the leverage in the workplace and can make or break a project at any time. The CM should understand that the company is not in the social service business and is primarily interested in purchasing an honest day's work for an honest day's pay. If something that was agreed upon in the proposal isn't working, the partners should meet to discuss making changes in the Partnership agreement.
- b. If, during the middle of a project, a company wants to make a major change and the remaining partners do not agree, the project may be terminated.
 - (1) The company need not necessarily fire the clients in this instance.
 - (2) The loss of participation by JTPA will result in loss of OJT funding.

4. Graduation

- a. Graduation should be a time to congratulate the clients who have successfully completed the training program.

- b. A formal graduation certificate will provide the graduate with a sense of accomplishment and is also useful to copy and attach to applications for future job interviews.
- c. Graduation is a good opportunity to obtain some press for a Partnership project.
 - (1) Someone with experience setting up press conferences and writing press releases should be in charge of the coverage. An economic development partner may have experience in this area.
 - (2) Recognition should be made of the participating partners, company officials and local political figures who made the project possible.

925 FAMILY COACHES PROGRAM

A. Overview

1. The Family Coaches Program provides a way for churches and community organizations to help clients move from welfare to self-sufficiency. The Program is designed to be a reciprocal relationship between the organization and the client. The client may “work off” the assistance by performing some type of meaningful work for the Family Coaches organization. In most cases, the number of hours and duration of the work would not be sufficient to count as placement in a Community Service Employment. (See Chapter 5 for additional information.)
2. Any church, civic organization or club may volunteer to mentor a family through the Family Coaches Program.
3. Family Coaches will be matched with a family or families needing short-term assistance.

B. Recruitment and Selection of Coaches

1. County JOBS staff are responsible for recruiting groups to serve as Family Coaches at the local level.
2. Groups agreeing to serve as coaches must sign the Family Coaches Agreement which will outline the responsibilities of the organization and the County Department.

C. Training Coaches

1. County JOBS staff are responsible for orienting new coaches and for providing periodic meetings with local coaches organizations.
2. Periodic meetings should be held with local coaches organization to provide opportunities for sharing ideas.

D. Length of Commitment

1. Family Coaches organizations are asked for a one year commitment to the program.
2. A Family Coaches organization may withdraw from the program at any time.

E. Recruitment and Selection of Clients

1. Participation in the Family Coaches Program is voluntary. The client must agree, if requested, to perform community service for the Family Coaches organization in return for the assistance received from the Family Coaches organization.
2. The client must complete the Family Coaches Player Application and Agreement form with the CM.
3. The client must have an identifiable need that can be met by the Family Coaches organization.
4. The client may withdraw from the program without being sanctioned

F. Types of Assistance

1. The CM will assist Family Coaches organizations in selecting families to coach.
2. Types of in-kind assistance to be provided by the Family Coach include, but are not limited to:
 - a. Transportation
 - b. Job Interviewing
 - c. Literacy
 - d. Child Care
 - e. Work Clothes
 - f. Budgeting
 - g. Housing/Home Repairs
 - h. Medical/Dental Care
 - i. Organization of Time
 - j. Life Skills
 - k. Nutrition
 - l. Parenting Skills
 - m. Tutoring
 - n. Personal Appearance
 - o. Household Items
 - p. Counseling
 - q. Financial Assistance for Specific Identified Needs
 - r. Repairs for Automobile
 - s. Money Management Training
 - t. Locating/Securing Employment
3. Limited financial assistance may be given to the client but must be reported to the EW as income.
4. The client and Family Coaches organization will sign a plan outlining the responsibilities of each.

**JOBS PROGRAM POLICY MANUAL
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SECTION 1

WORK AND TRAINING SERVICES (WATS) SCREENS

SCREEN # SCREEN NAME

ZD01	WATS Master Menu
ZD02	WATS Assessment <i>Add/Update</i> Menu
ZD04	WATS <i>Client</i> Inquiry Menu
ZD05	WATS Provider Menu
ZD09	Referral Add/Update for TANF Cases
ZD10	Current Employment List
ZD11	Current Employment Add/Update
ZD12	Education/Training Summary Add/Update
ZD13	Education/Training History List
ZD14	Education/Training History Add/Update
ZD15	Employment History List
ZD16	Employment History Add/Update
ZD18	Test Results List
ZD19	Test Results Add/Update
ZD20	Assessment Summary Inquiry
ZD21	WATS Disposition
ZD22	Component History List
ZD23	Component Placement Add/Update
ZD24	Supportive Services List
ZD25	<i>Authorize Supportive Services</i>
ZD28	<i>Language</i>
ZD29	<i>Related Member</i> Day Care History
ZD30	Referral Detail Inquiry
ZD31	Referral Add/Update (for Special Program Referral Codes/Kinship Care)
ZD32	<i>Report Month Update Screen</i>
ZD33	<i>Report Month Inquiry Screen</i>
ZD41	Provider ID History
ZD45	Provider Add/Update
ZD46	Provider Inquiry
ZD47	Provider Name Inquiry
ZD48	Providers <i>List</i> by <i>County</i>
ZD49	Clients Served by Provider
ZD50	WATS SSN/T-Number Merge
ZD51	Clients by Current Employment
ZD56	Readiness Add/Update
ZD58	WATS Participation History <i>Inquiry</i>
ZD62	Family (JOBS) Participation
ZD64	WATS Participation History Delete
ZD65	Clients By Previous Employment
ZD67	Clients by Career Goal

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ZD73	Disability/Condition List
ZD74	ADA/504 Add/Update
ZD75	Accommodations Add/Update

MANAGEMENT SCREENS

SCREEN # SCREEN NAME

<i>ZE41</i>	<i>FA-Time Limits Inquiry</i>
ZE51	Management Master Menu
ZE52	Alert List
ZE53	Alert Add/Update
ZE54	Client Correspondence List
ZE55	Alert List by SSN
ZE59	Caseload Update
<i>ZE60</i>	<i>County to County Transfer</i>
ZE64	County Address/Phone Table Maintenance
ZE69	Management Inquiry Menu
ZE70	Management Add/Update
ZE71	Worker Schedule List
ZE72	Worker Schedule Add/Update
<i>ZE73</i>	<i>FACETS Caseload List</i>
ZE75	Client Referral Add/Update
ZE76	Client Referral List
ZE84	WATS Caseload List
ZE89	Schedule List by SSN

CERTIFICATION SCREENS

SCREEN # SCREEN NAME

<i>ZC01</i>	<i>FACETS Master Menu</i>
ZC02	Certification Menu
<i>ZC04</i>	<i>Member Data Collection Menu</i>
ZC07	Inquiry Menu
ZC18	Member WATS Participation
ZC32	Absent Parent Good Cause List
ZC35	Member Education Income
ZC47	Member Disqualification Inquiry
ZC51	Case Member Inquiry
ZC52	Program Participation Inquiry
ZC53	Case Absent Parent Inquiry
ZC60	Name/SSN Inquiry
ZC61	Member FA Participation Inquiry
ZC63	Member Sanction Inquiry
ZC81	Social Security Number (SSN) Change
ZC82	Name DOB Race Sex Change

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ZC84 Demographic Update Menu
ZC94 Member Time-Limits/Hardships

FINANCIAL SCREENS

SCREEN # SCREEN NAME

ZE01 Financial Menu
ZE04 Return Warrant List
ZE07 Payment History Summary List
ZE13 WATS Reimbursement History Inquiry
ZE14 WATS Reimbursement *Request*
ZE15 WATS Reimbursement Detail
ZE18 WATS Reimbursement Request List
ZE23 Warrant Status Update, County

FACETS MENU MAP

MASTER MENU (ZD01)

- 1 RETURN TO IEVS SECURITY SIGN ON MENU
- 2 CERTIFICATION MASTER MENU (ZC02)

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- 1 RETURN TO MASTER MENU

- 2 CASE DATA COLLECTION MENU (ZC03)
 - 1 RETURN TO CERTIFICATION MENU
 - 2 REGISTER CASE DATA (ZC08)
 - 3 SCREEN CASE MEMBERS WITH IEVS (ZC09)
 - 4 PROGRAM PARTICIPATION (ZC14)
 - 5 CASE GENERAL INFORMATION (ZC10)
 - 6 RESIDENTIAL ADDRESS (ZC11)
 - 7 *NOT USED*
 - 8 *NOT USED*
 - 9 *NOT USED*
 - 10 *NOT USED*
 - 11 CASE REFERENCES INFORMATION (ZC44)
 - 12 CASE MEMBER REVIEW LIST (ZC99)

- 3 MEMBER DATA COLLECTION MENU (ZC04)
 - 1 RETURN TO CERTIFICATION MENU
 - 2 MEMBER-IDENTIFICATION (ZC16)
 - 3 MEMBER-RELATIONSHIP (ZC17)
 - 4 MEMBER-E AND T PARTICIPATION (ZC18)
 - 5 MEMBER-MARITAL STATUS/DEPRIVATION (ZC20)
 - 6 MEMBER-DISQUALIFICATION INFO (ZC21)
 - 7 POTENTIAL DISQUALIFICATION FACTORS (ZC22)
 - 8 EBT SANCTION (ZC92)
 - 9 CURRENT EMPLOYMENT LIST (ZC67)
 - 10 EMPLOYMENT HISTORY LIST (ZC74)
 - 11 SUP MEMBER INFORMATION (ZC26)
 - 12 MEMBER-TIME LIMITS/HARDSHIP (ZC94)
 - 13 MEMBER-EARNED/DEEMED INCOME (ZC28)
 - 14 SUP MEMBER EARNED INCOME (ZC29)
 - 15 MEMBER-UNEARNED INCOME (ZC30)
 - 16 *NOT USED*
 - 17 *NOT USED*
 - 18 *NOT USED*

 - 19 MEMBER-EDUCATION INCOME (ZC35)
 - 20 *NOT USED*
 - 21 *NOT USED*

- 4 ABSENT PARENT MENU (ZC05)
 - 1 RETURN TO CERTIFICATION MENU
 - 2 CASE ABSENT PARENT INQUIRY (CASE SSN) (ZC53)
 - 3 ABSENT PARENT IDENTITY (MEMBER SSN) (ZC38)
 - 4 ABSENT PARENT GOOD CAUSE LIST (CASE SSN) (ZC32)

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5 ELIGIBILITY MENU (ZC06)

- 1 RETURN TO CERTIFICATION MENU
- 2 FA ELIG/PAYMENT DETERMINATION USING PAYMENT STANDARD (ZC45)
- 3 MEDICAID ONLY ELIGIBILITY (ZC39)
- 4 FA TRIAL BUDGET USING PAYMENT STANDARD (ZC27)
- 5 NOT USED
- 6 MEDICAID DISPOSITION (ZC49)
- 7 *NOT USED*
- 8 *NOT USED*
- 9 *NOT USED*
- 10 CERTIFICATION DISPOSITION (ZC58)
- 11 *NOT USED*
- 12 *NOT USED*
- 13 EBT ACCOUNT NUMBER SEARCH/ASSIGNMENT (ZC88)

6 INQUIRY MENU (ZC07)

- 1 RETURN TO CERTIFICATION MENU
- 2 PROGRAM PARTICIPATION INQUIRY (ZC52)
- 3 NAME/SSN INQUIRY (ZC60)
- 4 MEMBER FA PARTICIPATION INQUIRY (ZC61)
- 5 CASE MEMBERS INQUIRY (ZC51)
- 6 NA PARTICIPATION INQUIRY (ZC62)
- 7 *NOT USED*
- 8 MEMBER SANCTION INQUIRY (ZC63)
- 9 MEMBER DISQUALIFICATION INQUIRY (ZC47)

7 DEMOGRAPHIC UPDATE MENU (ZC84)

- 1 RETURN TO CERTIFICATION MENU
- 2 SOCIAL SECURITY NUMBER CHANGE (ZC81)
- 3 NAME AND DATE OF BIRTH CHANGE (ZC82)

- 4 UPDATE MAILING ADDRESS/TELEPHONE (ZC19)
- 5 CERTIFICATION SSN/T-NUMBER MERGE (ZC50)
- 6 FA-TIME LIMITS CHANGE (ZC86)
- 7 EBT CASE/CLIENT ERROR CORRECTION
- 8 SANCTION/DISQUALIFICATION MAINTENANCE (ZC48)
- 9 EBT CASE/CLIENT INQUIRY (ZC29)

3 FINANCIAL MASTER MENU (ZE01)

- 1 RETURN TO MASTER MENU
- 2 SPECIAL PAYMENT REQUEST (ZE02)
- 3 WARRANT STATUS UPDATE, COUNTY (ZE23)

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- 4 RETURN CHECK INQUIRY (ZE04)
 - 5 WARRANT STATUS UPDATE, FINANCE
 - 6 PAYMENT HISTORY INQUIRY (ZE07)
 - 7 WATS REIMBURSEMENT HISTORY INQUIRY (ZE13)
 - 8 WATS REIMBURSEMENT REQUEST (ZE18)
 - 9 *NOT USED*
 - 10 *NOT USED*
 - 11 *MORE PAYMENT HISTORY INQUIRY (ZE31)*
-
- 4 WATS MASTER MENU (ZD01)
 - 1 RETURN TO FACETS MASTER MENU
 - 2 WATS ASSESSMENT / ADD UPDATE MENU (ZD02)
 - 1 RETURN TO WATS MASTER MENU
 - 2 REFERRAL ADD/UPDATE (ZD09/ZD31 as appropriate)
 - 3 LANGUAGE BARRIERS (ZD28)
 - 4 EDUCATION/TRAINING SUMMARY (ZD12)
 - 5 EDUCATION/TRAINING HISTORY LIST (ZD13)
 - 6 EMPLOYMENT HISTORY LIST (ZD15)
 - 7 TEST RESULTS LIST (ZD18)
 - 8 READINESS (ZD56)
 - 9 ASSESSMENT SUMMARY (ZD20)
 - 10 DISPOSITION (ZD21)
 - 11 COMPONENT HISTORY LIST (ZD22)
 - 12 SUPPORTIVE SERVICES LIST (ZD24)
 - 13 *NOT USED*
 - 14 CURRENT EMPLOYMENT LIST (ZD11)
 - 15 DISABILITY/CONDITION LIST (ZD73)
 - 3 WATS CLIENT INQUIRY MENU (ZD04)
 - 1 RETURN TO WATS MASTER MENU
 - 2 ZD58 WATS PARTICIPATION HISTORY LIST (ZD58)
 - 3 ZD30 REFERRAL INQUIRY (ZD30)
 - 4 FAMILY JOBS PARTICIPATION (ZD62)
 - 5 WATS SSN/T-NUMBER MERGE SCREEN (ZD50)
 - 6 CLIENTS BY CURRENT EMPLOYMENT INQUIRY (ZD51)
 - 7 CLIENTS BY PREVIOUS EMPLOYMENT INQUIRY (ZD65)
 - 8 CLIENTS BY CAREER GOAL INQUIRY (ZD67)
 - 4 WATS PROVIDER MENU (ZD05)

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- 1 RETURN TO WATS MASTER MENU
- 2 PROVIDER ADD/UPDATE (ZD45)
- 3 PROVIDER ID INQUIRY (ZD46)
- 4 PROVIDER NAME INQUIRY (ZD47)
- 5 PROVIDER LIST (ZD48)
- 6 CLIENTS SERVED BY PROVIDER (ZD49)
- 7 PROVIDER ID HISTORY (ZD41)

5 MANAGEMENT MASTER MENU (ZE51)

- 1 RETURN TO MASTER MENU
- 2 MANAGEMENT INQUIRY MENU (ZE69)
 - 1 RETURN TO MANAGEMENT MASTER MENU
 - 2 ALERT LIST (ZE52)
 - 3 CLIENT CORRESPONDENCE LIST (ZE54)
 - 4 WORKER SCHEDULE LIST (ZE71)
 - 5 CASELOAD LIST (ZE73)
 - 6 *NOT USED*
 - 7 *NOT USED*
 - 8 *NOT USED*
 - 9 WATS CASELOAD LIST (ZE84)
 - 10 CLIENT REFERRAL LIST (ZE76)
 - 11 ALERT LIST BY SSN (ZE55)
 - 12 SCHEDULE LIST BY SSN (ZE89)
 - 13 *TIME LIMIT INQUIRY*

3 MANAGEMENT ADD/UPDATE MENU (ZE70)

- 1 RETURN TO MANAGEMENT MASTER MENU
- 2 *FA CASE LOAD DISTRIBUTION/RE-DISTRIBUTION*
- 3 WORKER SCHEDULE ADD/UPDATE (ZE72)
- 4 WORKER CASELOAD UPDATE (ZE59)
- 5 COUNTY TO COUNTY CASE TRANSFER (ZE60)
- 6 *NOT USED*
- 7 COUNTY ADDRESS/PHONE TABLE ADD/UPDATE (ZE64)
- 8 *NOT USED*
- 9 *NOT USED*
- 10 REFERRAL ADD/UPDATE (ZE75)
- 11 *NOT USED*
- 12 *WATS CASE LOAD DISTRIBUTION/RE-DISTRIBUTION*

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II. CODES USED FOR ASSESSMENT

ZD09 REFERRAL SCREEN

FA REFERRAL STATUS

- C** Teen Parent <20 Who Is Head/Grantee of FA Assistance Unit
- M** Mandatory Participant
- O** Parent in FA grant as adult who is not C, M or P
- P** Spouse of FA grantee
- T** Teen Parent <19, in FA grant as child (no diploma or GED)
- A** *Teen parent <19 in grant as child and has completed high school*

ELIG STATUS (ENTERED BY FACETS)

- D** Denied
- E** Expedited
- O** Open/Recipient
- P** Pending
- S** Payment Suspended
- Z** Closed

REFERRAL PROGRAM

- F** FA, 1 Parent Family
- K** JOBS, Kinship Care Client
- U** FA, 2 Parent Family (for federal participation requirements)

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REASON NOT COVERED BY HEALTH PLAN (ZD11)

- CD** Coverage Declined, Covered By Other (Non-Medicaid) Insurance
- EC** Enrollment Period Closed
- EX** Premium Too Expensive
- NA** Not Available/Other
- ND** Dependent Coverage Not Available
- PT** Coverage Not Available To Part-Time Employees
- WP** Waiting Period Required

REASON FOR LEAVING EMPLOYMENT (ZD16/ZC74)

- CF** Conflicting Demands Prevent Participation
- DC** Dependent Care Unavailable, Inadequate
- FE** Family Emergency, Personal Crisis
- HE** Health, Illness--Self, Others
- LO** Layoff, Cut Back, Job Abolished
- MR** Marriage
- NL** Net Loss of Income
- OE** Other Employment
- OT** Other
- PG** Pregnancy
- PR** Promotion
- RL** Relocation
- SE** Unsuitable Employment, Job Dissatisfaction
- SS** Other Supportive Services Unavailable, Inadequate
- TF** Terminated, Fired
- TR** Transportation Unavailable, Inadequate

OTHER RELATED WORK EXPERIENCE (ZD16)

Enter up to 4 DOT codes for previous work experience. Optional

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HIGHEST GRADE COMPLETED (ORIGINAL AND CURRENT)

- 00** No Formal Schooling
- 90** *Completed Kindergarten*
- 01** Completed 1st Grade
- 02** Completed 2nd Grade
- 03** Completed 3rd Grade
- 04** Completed 4th Grade
- 05** Completed 5th Grade
- 06** Completed 6th Grade
- 07** Completed 7th Grade
- 08** Completed 8th Grade
- 09** Completed 9th Grade
- 10** Completed 10th Grade
- 11** Completed 11th Grade
- 12** Completed 12th Grade (High School Diploma)
- 13** Awarded GED Certificate or National External Diploma
- 14** Attended 1 Yr or Equivalent of Full-Time Post-Secondary School (No Degree)
- 15** Awarded Bachelor's Degree (College Graduate)
- 16** Attended 2 Yrs or Equivalent of Full-Time Post-Secondary School (No Degree)
- 17** Completed 2 Yrs of Post-Secondary School (Received Certificate/Diploma)
- 18** Awarded Graduate Degree (Masters or Higher)
- 19** Awarded Associate Degree (Two-Year Degree)
- 20** Attended 3 Yrs or Equivalent of Full-Time Post-Secondary School (No Degree)
- 21** Attended 4 Yrs or Equivalent of Full-Time Post-Secondary School (No Degree)
- 22** Other Credential (Certificate or Diploma Not Previously Defined Resulting In Clear Increase In Skill Level, Not Short-Term Training)

TYPE OF HIGH SCHOOL DIPLOMA/CERTIFICATE

- 1** Standard High School Diploma or GED
- 2** Special Education Diploma
- 3** Certificate of Completion
- 4** Certificate of Attendance
- 5** Advanced/Honors/Arts Diploma
- 6** Individual Did Not Complete High School

CAREER GOAL

Enter ? to review a partial listing of occupational codes for this field, or reference Appendix A or the Dictionary of Occupational Titles for a more comprehensive list of codes.

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ZD14 Education/Training History Add/Update

EDUCATION/TRAINING TYPE

ABEP	Adult Basic Education Program
CJSE	Contracted Job Search with the ES
COLL	Higher Education (Four-year degree program)
DRUG	<i>Substance Abuse</i>
ENTR	<i>Entrepreneurial Activity</i>
ESLP	English as a Second Language Program
GEDP	GED Program; <i>Adult Education</i>
GRJS	Group Job Search
HEDP	Higher Education (Two-year degree program)
HSED	High School
JRTR	Job Readiness Training Program
LITP	Literacy Program
MENT	<i>Mental Health Program</i>
OJTP	On-The-Job Training Program
OTHR	Other
REMP	Remedial Education
SIJS	Supervised Intensive Job Search
UCJS	Unemployment Compensation Job Search
UNWK	<i>CEMP (Non Profit)</i>
VOCT	Vocational Training Program (Non-Degree)
VRSP	Vocational Rehabilitation Services Program

EDUCATION/TRAINING HISTORY END STATUS

AT	Completed, Attained Program Level
CD	Completed, Received Certificate/Diploma
DO	Dropped Out
KO	Kicked Out
WA	Withdrew, Illness of Dependent
WC	Withdrew, Entered Another Component
WD	Withdrew, Day Care No Longer Available
WE	Withdrew, Gained Employment
WI	Withdrew, Illness, Injury/ Physical Incapacity
WM	Withdrew, Moved
WS	Withdrew, Substance Abuse
WT	Withdrew, Transportation No Longer Available

ZD19 TEST RESULTS ADD/UPDATE

TEST TYPES

CASA CASAS Test

GEDT General Education Development Test (GED)

SLOS Slosson Test (Includes SIT-R, SORT-R, etc.)

TABE Test of Adult Basic Education

NON-GED TEST RESULTS (CASA, SLOS, AND TABE)

Enter the appropriate grade level (for example, **8.9** = 8th year, 9th month, etc.) for each test. Enter the total score for the TABE, as the total is not an average of the 3 tests.

GED TEST RESULTS (GEDT)

OPTION ONE: Enter the individual scores (if available). FACETS will calculate the TOTAL SCORE and PASS fields. **It is important to remember that the calculation is performed on the most recent sequence entered. As a result, GED sequences MUST be entered in the order in which the tests were taken (oldest to the most recent).**

GED sequences entered out of order will result in erroneous data on ZD18. **Reference Section Two for additional instructions.**

OPTION TWO: If individual scores are not available, manually enter **P** for Pass or **F** for Fail in the PASS field (**required only if individual scores are NOT entered**).

ZD20 ASSESSMENT SUMMARY

HARDSHIP REASON FOR INDIVIDUAL

- BA** Abused (Physical, Sexual, Or Mental)
- CO** Counseling (Drug, Alcohol, Or Mental Health)
- CI** Caring for Ill/Incapacitated Relative
- IC** Incapacitated (Self)
- IL** Temporary Illness/Injury
- PB** Personal Barrier and Client is Participating in a JOBS Activity Other than a Work Activity
- OG** Age 60 or Older
- IR** Living on Indian Lands – Time Limit Does Not Apply

HARDSHIP REASON FOR INDIVIDUALS WHO HAVE RECEIVED FOR OVER 60 MONTHS

- AA** Abused (Physical, Sexual, or Mental)
- AB** Personal Barrier
- AC** Incapacity (Self)
- AE** Good Faith Effort
- AG** Age 60 or Older
- AI** Caring for Ill/Incapacitated Relative
- AL** Temporary Illness/Injury
- AO** Counseling (Drug, Alcohol or Mental Health)
- AU** Unemployment

HARDSHIP REASON FOR SPOUSE OF INDIVIDUAL WITH HARDSHIP

- SA** Spouse of Individual With Hardship - Abuse
- SB** Spouse of Individual With Hardship – Personal Barrier
- SC** Spouse of Individual With Hardship – Incapacity
- SE** Spouse of Individual With Hardship – Good Faith Effort
- SG** Spouse of Individual With Hardship - Age 60 or Older
- SI** Spouse of Individual With Hardship – Caring For Ill/Incapacitated Relative
- SL** Spouse of Individual With Hardship – Illness/Injury
- SO** Spouse of Individual With Hardship – Counseling
- SU** Spouse of Individual With Hardship - Unemployment

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Verification Source Codes: This Field Displays Information From ZC94 On The Source Of The Information Documenting The Hardship.

AF Agency Form
AL Award Letter
CD Court Document
LE Law Enforcement Record
MR Medical Record/Doctor's Statement
NS Notarized Statement Of Two Individuals
SS Social Service Record

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ZD21 WATS DISPOSITION

JOBS CASE STATUS

CL Closed

OP Open

CASE CLOSURE REASON

APPROPRIATE CLOSURE CODES FOR ANY PROGRAM

AD FA Application Has Been Denied

AN SEA Services No Longer Needed (only for use after SS Participation Status)

AT Client No Longer Eligible for SEA Services (only for use after SS Participation Status)

BB Case Opened In Error

EX Exempt Individual Referred In Error (Does Not Wish To Volunteer)

NE No Longer Receiving Benefits Due To Employment

NO No Longer Receiving Benefits Due To Other Reasons (Moved Out Of State, Increased CS, Etc.)

SF Disqualified, Eligibility Case Closed Because of Sanction

TC Case Transferred To Another County

PARTICIPATION STATUS

DF Deferred

EM Employed

EP Employed and Participating In Component

HR Hearing Requested and Results Pending

LB Limbo, Waiting For Test Results, Etc.

LL *Client Participation Delayed/Limbo*

NC Noncompliant (JOBS)

PA Pre-Placement Activities/*Attempting Placement in Component*

PD *Component Closed and Reassessment Pending (System Generated only)*

PL Placed In Component Other Than Employment

PR Interim Status - Reassessment Pending (Worker Entry)

RF *Applicant Assistance Unit, Pending*

RO *Open FA, Assessment Due*

SS FA Closed, Client Requested SEA Services

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JOBS PARTICIPATION STATUS REASON

DEFERRAL (DF) CODES (REASON FOR TEMPORARILY NOT PARTICIPATING)

- BA** Abused, Physical, Sexual or Mental
- CI** Ill/Incapacitated Child
- CO** Counseling for Drug, Alcohol or Mental Health Problems
- CR** Caring for Ill/Incapacitated Relative Other Than a Child
- DA** Single Custodial Parent Caring for Child <12 Months. (Referral Program F only)
- DC** Single Custodial Parent with Child < 6 and Day Care Not Available/Accessible
- IC** Incapacitated Self (FA only)
- IL** Temporary Illness/Injury of Self (FA only)
- LP** Two-Parent Unit; Other Parent Participating; Childcare Unavailable/Inaccessible/Unaffordable
- LT** Lack of Reliable Transportation
- OG** Age 60 or Older
- PB** Personal Barrier and Client is Participating in a JOBS Activity Other than a Work Activity

CLIENT NOT ABLE TO PARTICIPATE (LL) CODES

- LA** Absolutely Nothing Available

HEARING STATUS (HR) CODES

- HA** Issue Resolved Not In Favor of Claimant. Participation Required
- HC** Issue Resolved In Favor of Claimant. Participation Not Required
- HD** Death
- HF** Withdrawal In Favor of Claimant
- HN** Issue Resolved Not In Favor of Claimant. Participation Not Required
- HO** Other
- HP** Issue Resolved In Favor of Claimant. Participation Required
- HR** Hearing Requested or Results Pending
- HW** Withdrawal Not In Favor of Claimant

WORK ELIGIBLE CODES

- 1 Yes, Adult Recipient or Minor Parent Head of Household*
- 2 No, Minor Parent (Not Head of Household)*
- 9 No, Parent Caring for Disabled Family Member Living In Home*

**JOBS PROGRAM POLICY MANUAL
APPENDIX B**

ZD23 COMPONENT PLACEMENT ADD/UPDATE

COMPONENT ASSIGNED TO

CEMP Community Employment
COUN Counseling
EDEM *Courses Directly Related to a Specific Occupation*
EDUC Education (Any Education < or = Secondary School)
IBEA Individual Business Entrepreneurial Activities
JOBR Job Readiness
JOBS Job Search
JSTR *Job Skills Training Related to Needs of a Specific Employer*
PSED Post-Secondary Education (Not Vocational Education Training)
UJOB Uncounted Job Search or Job Readiness
VOCT Vocational Education Training

EDUCATION/TRAINING TYPE

ABEP Adult Basic Education
CJSE Contracted Job Search with Employment Service
COLL Higher Education (4-year degree program)
DRUG Substance Abuse
ENTR Entrepreneurial Activities
ESLP English as a Second Language
GEDP GED Program
GRJS Group Job Search
HEDP Higher Education (2-Year Degree)
HSED High School Program
JRTR Job Readiness Training Program
LITP Literacy Program
MENT Mental
OTHR *Other or For Profit CEMP*
REMP Remedial Education Program
SIJS Supervised Intensive Job Search
UCJS Job Search Due To Unemployment Compensation
UNWK *CEMP (Non-Profit)*
VOCT Vocational Training Program
VRSP Vocational Rehabilitation Service Program

**JOBS PROGRAM POLICY MANUAL
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COMPONENT STATUS

OPEN COMPONENT STATUSES

CB Waiting For Component To Begin/Resume
LB Activities In Limbo (When Part Status On ZD21 Is LB)
NE Needs, Component Unavailable
OW On Waiting List
PA Placement Activities
PL Placed, Attending, Resumed Attendance

CLOSED COMPONENT STATUSES

AT Completed/Attained Proficiency Level
CD Completed, Received Certificate Diploma
DO Dropped Out, No Longer Attending
KO Kicked Out, Dismissed, Expelled
JC Completed Job Search (No Employment)
JE Completed Job Search (Gained Employment)
NA Not Accepted
SA Still Attending (FA Case Closed)
WA Withdrew, Illness of Dependent
WC Withdrew, Entered Another Component
WD Withdrew, Day Care Not Available
WE Withdrew, Employment
WI Withdrew, Illness, Physical Incapacity/Injury
NH Participant Has Maximized Potential
NO No Longer Eligible For Component
NP Never Placed
OT Other
WM Withdrew, Moved Out of County
WS Withdrew, Substance Abuse
WT Withdrew, Transportation No Longer Available

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ZD25 AUTHORIZE SUPPORTIVE SERVICES

SERVICE AUTHORIZED

CARR	Car Repairs
CEMP	Community Employment
CONT	Transportation paid under contract; not reimbursed by FACETS or Local Funds
COUN	Counseling
DACS	Part-Time Daycare In Addition To DAYC
DAYC	Full or Part Time Day Care
DRUG	Drug/alcohol abuse treatment
GEDP	Payment For GED Test
IBEA	Entrepreneurial Expenses
MNTR	Mentoring
NOPG	Family Planning
OTHR	Other
PART	Participation
SEAS	Short-term Employment Aid
TEAM	Coaches Program
TRAN	Transportation

FULL/PART TIME CARE

- F** Full Time (> 25 Hrs Per Week)
- P** Part Time (< or = To 25 Hrs Per Week)

REASON DAY CARE NEEDED

- C** Component Activity
- E** Participating In JOBS Activities (Component and/or Employment)

TYPE OF DAY CARE

- U** Undetermined. To be decided by CMA and client. May be used for clients receiving reimbursement of day care expenses through DHR-WR-1707 as well.

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CATEGORY

- 01** Child Care Subsidy Program (CCSP)
- 02** Earned Income Disregard/Child Care Deduction
- 03** Relative or Non-Relative At No Cost To DHR
- 04** Provided Through Employer
- 05** Head Start
- 06** Chapter I
- 07** Social Service Block Grant (Title XX)
- 08** Childcare Funded Through JOBS (TANF)
- 09** *For Future Use*
- 10** For Future Use
- 11** For Future Use
- 12** For Future Use

HANDICAP OF CHILD RECEIVING DAY CARE

- Y** Yes
- N** No

STATUS/NOTICES/REFERRALS FOR SUPPORTIVE SERVICES FROM ZD25

STATUS	ACTION	NOTICE CODE	NOTICE	REFERRAL CODE	REFERRAL
A	Supportive Service Authorized	N		Y	W830
B	Supportive Services Closed, No Longer Receiving Benefits, Etc	Y	WDCB	Y	W832
C	Change In Full/Part Time	Y	WDCC	Y	W831
D	Closed, Client Request, No Longer Needed, Client No Longer Participating, Etc.	Y	WDCD	Y	W832
N	Closed, New Authorization Period	N		N	
R	Closed, Child Removed From Care	N		Y	W832
T	Terminated Due To Noncompliance	Y	WSST	Y	W832

NOTE: Referrals may be generated to the CMA for child care category **01** only. No referrals are printed for categories **02 - 08**.

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ZD28 LANGUAGE

**PRIMARY SPOKEN LANGUAGE (OTHER THAN ENGLISH)/
OTHER LANGUAGE READ/OTHER LANGUAGE WRITTEN**

CA	Cambodian
FR	French
GE	German
IT	Italian
JA	Japanese
KO	Korean
LA	Laotian
RU	Russian
SP	Spanish
VI	Vietnamese
PO	Portuguese
SC	Simplified Chinese
TC	Traditional Chinese
OT	Other

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ZD74 ADA/504 ADD/UPDATE

DISABILITY/CONDITION CODE

DEP	Depression
DOV	Domestic Violence
HEA	Hearing Impairment
HIV	HIV Positive/Aids
IMI	Immigration Issues
LED	Learning Disabilities
LEP	Limited English Proficiency
MEN	Mental Impairment
PHY	Physical Impairment
SUB	Substance Abuse
VIS	Visual Impairment

DISABILITY/CONDITION STATUS

AC	Active Disab/Cond Or Disab/Cond Currently Meets ADA/504 Definition
NB	No Longer Has Disab/Cond Or Disab/Cond No Longer Meets ADA/504 Definition

DISCLOSURE SOURCE

CS	Client Statement
RE	Relative
CT	Caretaker
AR	DHR Record
OT	Other

VERIFICATION SOURCE

CS	Client Statement
MR	Medical Record
AF	DHR Form
AL	Award Letter
GR	Government Record
IM	U.S. Citizenship And Immigration Services (USCIS) Issued Document (formerly INS)
LD	Legal Document
PA	Private Agency
OT	Other

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ZD75 ACCOMMODATIONS ADD UPDATE

ACCOMMODATIONS REQUESTED

JORE	Job Restructuring
MIAF	Provision Of Materials In Alternate Format
MNTR	Mentor Or Coach
PADJ	Physical Adjustments To Workstation/Facility/Seating, etc.
RINT	Provision Of Reader/Interpreter/Note
SMOD	Modifications To Work/Class/Activity Schedule
SPEC	Acquisition Of Special Equipment Or Devices Other Than Telecommunication
TELE	Telecommunication Relay Services/Text Telephone and Other Appropriate Assertive
TMOD	Modifications Of Assignments/Tasks
TPLN	Transportation Planning
XSUP	Extended Supervision
XTIM	Extension Of Time To Complete Task, Interview and/or Job
OTHR	Other

ACCOMMODATION STATUS REASON

CR	Client Refused Recommended Accommodation
NA	Accommodation Not Available
RC	Receiving Accommodation
RQ	Requested Accommodation
SP	Accommodation Successfully Provided
OT	Other

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III. CASE MANAGEMENT CODES

ZE53 WORKER ALERT ADD/UPDATE

SYSTEM GENERATED ALERTS FROM ZD21 (CANNOT BE ENTERED MANUALLY)

ALERT	PART STAT	DESC.	NEXT ACTION	ALERT DATE	RESPONSE DUE DATE	CLEAR	RESET
W515	NC	Noncompliance*	CG** Based On Part Stat Dt	2 Mo	Alert Date + 1 Month	Change Part Stat, Close Case, Reset	Yes
W545	RF	New Referral	CG** Based On Current Dt	Current Date	Current DT+2Months	Change Part Stat When FA Awarded, Close Case	No
W555	EP PL DF EM LB SS	Reassessment Due	Set By Worker	Next Action Due - 1 Mo	Date Entered By Worker	Change Part Stat, Close Case, Reset	Yes
W560	HR	Track Hearings	CG Based On Part Stat Dt	2 Mo	Alert Date + 1 Month	Change Part Stat, Close Case, Reset	Yes
W565	PA	Preplacement Activities	CG Based On Part Stat Dt	2 Mo	Alert Date + 1 Month	Change Part Stat, Close Case, Reset	Yes
W575	PD	Component Closure	CG Based On Part Stat Dt	Current Date	Alert Date + 1 Month	Change Part Stat, Close Case	No
W590	LL	Participation In Limbo	CG Based On Part Stat Dt	2 Mo	Alert Date + 1 Month	Change Part Stat, Close Case, Reset	Yes
W595	PR	Interim Status – Reassessment Pending	CG Based on Current Dt	Current Date	Alert Date + 1 Month	Change Part Stat, Close Case	No

* Generates W444 (Notice of Opportunity to Participate) to client.

**Computer generated alert date

SYSTEM GENERATED ALERTS FROM ACTION IN PA CASE (CANNOT BE ENTERED MANUALLY BUT MAY BE CLEARED MANUALLY)

ALERT	PART STAT	DESCRIPTION	ALERT DATE	RESPONSE DUE DATE	CLEAR
WOPN	Changes RF to RO	FA case has been awarded status was RF	Date of PA update	Alert Date + 10 days (if U) OR +30 (if F)	Change Part Stat, Close Case
WOPO	Other than RF	FA case has been awarded, status not RF	Date of PA update	Alert Date + 10 days	Manually or Close Case
WDNI	RF	FA app has been denied	Date of PA update	Alert Date + 10 days	Manually or Close Case
WTMZ	Any	FA has been terminated	Date of PA update	Alert Date + 10 days	Manually or Close Case
WCHN	Any	FA is changed to remove or add member	Date of PA update	Alert Date + 10 days	Manually or Close Case
WSPN	Any	FA has been suspended	Date of PA update	Alert Date + 10 days	Manually or Close Case

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SEMI-AUTOMATED ALERTS GENERATED BY FACETS

WATS ALERT ID	DESCRIPTION
W301	Employment entered on ZC24/28 by eligibility worker
W302	Address change entered on ZC19
W303	Employment deleted on ZC24/28 by eligibility worker
W320	Close WATS case so that Eligibility case can be transferred to another county.
W431	Certification case has been merged.
W700	Change in FA referral status entered on ZC18
W777	Change to an SSN in a WATS case.
W888	Change to Name, Race, Sex, DOB information in WATS case

CERTIFICATION ALERT ID	DESCRIPTION
C301	Employment entered on Certification screens by JOBS on ZD11
C302	Address change
C333	Notice that the JOBS client is noncompliant
C345	Notice that the JOBS <i>client</i> has complied
C431	WATS case has been merged
C777	Change to an SSN in a Cert case.
C888	Change to Name, Race, Sex, DOB information in Certification case

The following codes should be used on screens such as the address change screen to generate a semi-automated alert to either or both the WATS and Eligibility workers:

- B** sends alert to both JOBS and Eligibility workers
- C** sends alert to the Eligibility (Certification) worker
- N** sends no alert
- W** sends alert to the JOBS (WATS) worker

On other screens such as ZD11 that is used only by the JOBS worker, the choice is whether or not to send the alert to the Eligibility worker:

- Y** sends alert to other worker
- N** sends no alert

OTHER AUTOMATED ALERTS GENERATED BY FACETS

WATS ALERT ID	DESCRIPTION
W400	Twenty month evaluation is due.
W401	Client has been Deferred 11 Consecutive Months
WTLE	Client has received 54 months of benefits
WTL5 ,WTL6, WTL7, WTL8, WTL9	Client has received 55,56,57,58,59 months

All of the above alerts must be manually cleared by the worker receiving the alert.

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MANUAL ALERTS (MAY BE ENTERED ON ZD21, ZE53 or ZE55)

These alerts must be entered manually by the worker. Alerts with notices clear automatically when mailed or when case is closed except as noted below. Note that alerts W900 through W999 do not generate a notice to the client.

ALERT ID	DESCRIPTION
W240	Deferral Period Ending (Notice To Client) *
W245	Follow-Up (Notice To Client) *
W247	Ending Education or Training (Notice To Client) *
W250	Verification of Employment (Notice To Client) ***
W710	Please Call (Notice To Client) *
W730	Free Form (Notice To Client) *
W900-W999	Free Form (No Notice To Client) *

- * Clears automatically when case is closed but must be manually cleared at all other times.
- ** Clears automatically when mailed and when case is closed.
- *** Alert W250 does not clear when case is closed.

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ZE72 WORKER SCHEDULE ADD/UPDATE

ACTIVITY REASON

ADMINISTRATIVE ACTIVITIES

CIAD Other Administrative Activity
CIAL Annual Leave
CIML Military Leave
CIOL Other Leave
CISL Sick Leave
CITR Training
WIAD Other Administrative Activity
WIAL Annual Leave
WIML Military Leave
WIOL Other Leave
WISL Sick Leave
WITR Training

JOBS ACTIVITIES ASSOCIATED WITH A SPECIFIC CLIENT

WIAM Assessment Interview (Mandatory)
WIFM Follow-Up Interview (Mandatory)
WIGM Group Interview (Mandatory)
WPAM *Phone Assessment Interview for Mandatory Client*
WPFM *Phone Follow-Up Interview for Mandatory Client*
WINC *Noncompliance Appointment for Good Cause Determination*

ZE75 CLIENT REFERRAL ADD/UPDATE

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REFERRAL TYPE

- W810** Referral For Specific Training Program
- W815** Change In Client's Situation Affects JOBS Participation
- W818** Report Of Employment To FA/FS Worker
- W820** Needs Help Related To JOBS Participation
- W825** Request To Provider For Participation Confirmation
- W830** Day Care Referral Related To JOBS Participation
- W831** Notice To CMA To Report Day Care Change
- W832** Notice To CMA or Day Care Provider To Terminate Services
- W835** Request For Review of JOBS Referral Status
- W840** Information
- W850** Consent For Release of Information
- W870** Volunteer Participant Has Decided Not To Participate
- W875** Mandatory Client Has Failed To Cooperate Without Good Cause
- W880** Local Funds Authorization
- W890** Other (No Pre-Formatted Text)
- W891** Substance Abuse Referral

IV. FINANCIAL CODES

ZE14 WATS REIMBURSEMENT REQUEST

PAY TYPES

- N** Regular (Normal) Payment
- F** Adjustment Due To Fair Hearing
- G** Special Payment On Closed WATS Case
- S** Supplemental Payment On Open WATS Case

PAY TO/MAIL TO

- C** Client (Only Available Option At This Time)

SERV TYPE

Enter the appropriate 4-letter code for the reimbursable supportive service. **Note:** The supportive service must be authorized on ZD25 for the specific period of time covered by the warrant or the warrant will not be authorized.

RECOUP AMT

Use this field to reflect the amount that should be withheld from the check for repayment. **Note:** Only those supportive services registered on the Claims System may be entered. See Appendix B, Section 6.

ZE13 WATS REIMBURSEMENT WARRANT CODES

- IS** Issued
- CA** Cashed
- SP** Stop Payment
- ZE** Zero Warrant Due To Recoupment

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ZE23 WARRANT STATUS UPDATE COUNTY

RETURNED WARRANT DISPOSITION CODES (ENTERED BY COUNTY STAFF)

NA Remail (New Address)
RE Remail (No Address Change)
VO Void

DUPLICATE WARRANT/REPLACEMENT CHECK DISPOSITION CODES (ENTERED BY COUNTY STAFF)

DR Disregard Request, Client Acknowledges Cashing Check
RI Client Acknowledges Cashing Original Warrant. Replacement Warrant Returned To SDHR

STATUS CODES IN REGARD TO WARRANT NONDELIVERY (ENTERED BY SDHR)

AU Address Unknown, No Such Address
CR Client Returned (Auto Void)
DC Addressee Deceased
IA Undeliverable As Addressed
MO Moved, No Forwarding Address
NS No Such Street/Number
OT Other
RF Refused Delivery
UC Unclaimed
UK Attempted Delivery, Addressee Unknown

DUPLICATE/REPLACEMENT CHECK REQUEST CODES (ENTERED BY SDHR)

DT Duplicate Requested From Comptroller [Stop Payment (SP) On Original Check]
PM Photocopy Mailed For County Investigation
RR Replacement Requested From Responsible Bank

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WATS PRINTOUT/REPORTS RETENTION PERIODS

REPORT #	TITLE	FREQUENCY	RETENTION
-----	Returned Warrants Status	Sporadic	Until Cleared
PSLF017A	<i>Local Funds Job Detail</i>	<i>Monthly</i>	<i>ERD</i>
PSWCR109	Time Limit Report by County/WATS Office and Caseload/Time Limit	Monthly	<i>ERD</i>
PSWJB025	WATS Participation Report (WPR)	Monthly	<i>ERD</i>
PSWJB026	WATS Statistical Profile (WSP) A,B,C	Monthly	<i>ERD</i>
PSWJB036	FACETS Batch Process (Confirmation of Identifying Data Update) Printed downline in counties	When change is made	Retain in case record
PSWJB080	Supportive Services Paid through FACETS	Monthly	<i>ERD</i>
PSWJR091	SSNs Open for FA, Not on WATS	Monthly	<i>ERD</i>
PSWJR103-A	Open WATS with Current Employment, Components, or Both Totaling 60 Hours or More	Monthly	<i>ERD</i>
PSWJR106	Number of JOBS Active Referral Program F/U Caseloads as of (Date)	Monthly	<i>ERD</i>
PSWJZ119	<i>Disability/Accommodation Report</i>	<i>Monthly</i>	<i>ERD</i>
PSWJZ205-R	<i>County WPRs for Report Month</i>	<i>Monthly</i>	<i>ERD</i>
PSWJZ205-S	<i>Summary of County WPR Data</i>	<i>Monthly</i>	<i>ERD</i>
PSWJZ207-C	<i>All Families WPR Cases That Met Requirements/Counted for Month</i>	<i>Monthly</i>	<i>ERD</i>
PSWJZ207-S	<i>All Families WPR Cases That Met Requirements/Counted State Summary</i>	<i>Monthly</i>	<i>ERD</i>
PSWJZ208-C	<i>All Families WPR Cases That Did</i>	<i>Monthly</i>	<i>ERD</i>

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Not Meet Requirements for Month

<i>PSWJZ208-S</i>	<i>All Families WPR Cases That Did Not Meet Requirements State Summary</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ209-C</i>	<i>All Families WPR Cases Disregarded from Rate for Month</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ209-S</i>	<i>All Families WPR Cases Disregarded from Rate State Summary</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ210-C</i>	<i>All Families WPR Cases with No Work Eligible Adult/Not Included for Month</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ210-S</i>	<i>All Families WPR Cases with No Work Eligible Adults/Not Included for Month State Summary</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ215</i>	<i>TANF 2 Parent Families Report</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ217</i>	<i>TANF-CEMP Percentage Report</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ221</i>	<i>Employment Hours Re-Verification Due</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ227-C</i>	<i>Two Parent WPR Cases That Met Requirements/Counted for Month</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ227-S</i>	<i>Two Parent WPR Cases That Met Requirements/Counted State Summary</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ228-C</i>	<i>Two Parent WPR Cases That Did Not Meet Requirements for Month</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ228-S</i>	<i>Two Parent WPR Cases That Did Not Meet Requirements State Summary</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ229-S</i>	<i>Two Parent WPR Cases Disregarded from Rate for Month</i>	<i>Monthly</i>	<i>ERD</i>
<i>PSWJZ229-C</i>	<i>Two Parent WPR Cases Disregarded From Rate State Summary</i>	<i>Monthly</i>	<i>ERD</i>

V. PROCEDURES FOR ACCESSING FACETS

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General Information: APPENDIX B provides general information regarding the WATS (JOBS), Management, and Financial screens on FACETS. Each WATS screen indicates the fields which must be completed as well as the fields, if any, that are optional. Fields considered critical for Federal and State reporting purposes are also identified. Other information/suggestions provided are based on frequently reoccurring problems found during county record reviews.

IEVS Security Levels: Anyone desiring to access FACETS must first have the proper security clearance. This is done by the County Security Administrator (Security Level 40) in each county, typically the CWOA or DMU, by selecting Option 11 on the IEVS Selection Menu. The appropriate security level should be added under "WR" on the IEVS Worker Inquiry Screen, EVM025A. The following security levels should be assigned as appropriate:

CLASSIFICATION	SECURITY LEVEL
Program Supervisor	29
JOBS Supervisor	29
FA Supervisor or Combination FA and JOBS Supervisor	28
Combination Case Manager/Community Resource	27
JOBS Case Manager	26
Combination Eligibility and JOBS Worker	25
Eligibility Worker	24
JOBS Clerical	22
Generic Clerical (Control Clerk)	21
General Clerical	20
Community Resource	11
Inquiry	05
Case Aide	23

Whenever a user enters FACETS from the IEVS Security Sign on screen, the security level assigned to that user governs the level of access on that terminal. It is, therefore, necessary for the user to exit IEVS security (**CLEAR THE SCREEN**) before another user attempts to use the same terminal. Otherwise, the security level of the original user will determine the level of access available.

ACCESSING FACETS

General Information: FACETS is accessible through the DHR Security Sign On Screen, EVM013.

<u>ACTION DESIRED</u>	<u>PC</u>
Activate a command	<ENTER>
Clear the screen	<PAUSE/BREAK
PF Keys	<PF + #>

For the sake of simplicity, **Appendix B consistently uses <Enter> to indicate entering or updating case information.**

Specific Steps: The following instructions provide a brief explanation of how to access FACETS.

- 1. On a PC from the Windows Menu Screen, click on the icon labeled Session 1 to go to 3270.** When Session 1 opens, the following sign-on screen appears:

*STATE OF ALABAMA - FINANCE - INFORMATION SERVICES DIVISION
YOUR TERMINAL ID IS XXXXXXX.*

*WARNING: BY ACCESSING AND USING THIS GOVERNMENT COMPUTER
SYSTEM YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW
ENFORCEMENT PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO,
THIS COMPUTER SYSTEM MAY SUBJECT YOU TO CRIMINAL PROSECUTION
AND PENALTIES.
ENTER LOGON: DHRCICS*

- 2. To access the DHR production system, type DHRCICS and press <Enter>.** This will cause the following screen or a facsimile to appear.

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Type **EV13** and press **<Enter>**. This will bring up the IEVS Security Sign On screen.

EVM013A	DEPARTMENT OF HUMAN RESOURCES SECURITY SIGN ON	02/01/15
A - FOOD STAMPS		X - ALECS
B - PARS		
C - IEVS		
D - ACWIS		
E - FACETS		
F - CENTRAL FILES		
G - COMPREHENSIVE CLAIMS		
H - MEDICAID WAIVER		
I - STATE RESOURCE DIRECTORY		
	APPLICATION - <i>E</i>	
	PAYROLL NO - <i>123121234</i>	
	PASSWORD - <i>PASSWORD</i>	
	NEW PASSWORD -	
PRESS ENTER TO CONTINUE		

From this screen, depending upon the security level assigned, workers may access either IEVS, Food Stamps, Comprehensive Claims, ALECS or FACETS.

TO ACCESS FACETS:

- A. Type **E** for application.
- B. Type in your SSN.
- C. Type in your password and press **<Enter>**. This will cause the FACETS Master Menu to be displayed. You may now proceed with assessments or other case management functions.

EXITING FACETS:

- A. Clear the screen.
- B. Type CSSF LOGOFF and press **<Enter>**.
- C. If you are using a PC, click on File and Exit Session *or click on the X in the upper right-hand corner*. Respond Yes to the question, "Do you want to disconnect session?"

VI. FACETS/WATS SCREEN CONVENTIONS

General Information: FACETS is divided into four subsystems: Certification for Financial Assistance (FA), Financial, WATS for the JOBS Program, and Management. All four subsystems are basically made up of four different types of screens: menu screens, list screens, add/update screens, and help screens.

There are several things that these screens have in common. For example, in the upper left corner of each screen is the word, **MESSAGE**. This is where the system communicates with the user by providing confirmation of action taken as well as messages regarding system or data entry errors. **Pay close attention to and make note of any error messages that appear as in the example below. Error messages are helpful when attempting to resolve problems.**

A **DB2** error message appears at the **top** of the screen and often signals a problem with a specific case. Example of DB2 error:

MESSAGE <i>ERR:DB2 3500 PSWJ0016 MEMBER READ -818 148E43A707744DF8 148E44</i>		
ZDXX		
	F A C E T S	04/13/15
TRANS	SCREEN NAME	08:34:15

When a DB2 error message is received, data entered on that screen may not be kept and other processes such as setting or clearing alerts are not completed. Use PF5 to go to the menu. Return to the screen and reenter the data. Often this resolves the problem. If the DB2 error appears again, *print a copy of the screen and contact the JOBS Policy/Automation HelpDesk.*

An **ABEND** message appears at the **bottom** of a screen when a significant system problem has occurred that caused the screen to stop working. Example of an ABEND message:

<i>DFHAC2206 14:14:18 TITEST Transaction ZD06 has failed with abend AZI6. Resource backout was successful. DFHAC2261 System AITE sent message (sense code 0824089E). 'DFHAC2206 14:14:16 AITEST TRANSACTION ZD06 HAS FAILED WITH ABEND ASRA. RESOURCE BACKOUT WAS SUCCESSFUL</i>
--

If you receive an ABEND error message



Follow these steps when an ABEND message appears:

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1. Contact the *DHR Helpdesk* **immediately** by having the LAN administrator in the county office call.
2. Do not continue or clear the screen until instructed to do so.
3. Print the screen if requested.
4. Document the specific sequence of keystrokes that resulted in the problem, if possible.

TRANS ID: Immediately beneath the word, MESSAGE, on each screen is a **four-digit code identifying that particular screen**. For example, in the case of the FACETS Master Menu, ZC01 appears. These codes are useful when taking advantage of the Power User function (see below).

Power User: With certain restrictions, FACETS allows the capability of moving directly from one screen to another by typing in the appropriate screen code. This feature, known as the Power User, is most useful when reviewing or updating information on a specific case.

To use this feature, **type the TRANS ID** for the desired screen in the **TRANS** field located in the upper-left portion of the screen and **press <Enter>**. You will be taken directly to the new screen without having to use any intervening menus.

Two restrictions apply when using the Power User (TRANS field):

1. The Power User is available **ONLY** on those screens containing the TRANS field and which are identified for access by your security level.
2. The Power User can read only the last SSN entered.

Remember that if you do not press <Enter> before leaving the screen, you will lose ALL of the data you have entered on that screen.

Occasionally a problem occurs if the Trans ID field is used at the same time as the social security number is changed.

Simulation: Staff who are assigned supervisory security levels will see *** SIMULATION *** immediately beneath the message line on certain screens. This indicates that only inquiry capability is available. Any changes made on a screen displaying this message will **NOT** be kept. Simulation also appears on some Certification screens when accessed by a worker with a JOBS security level.

PF Keys: At the bottom of most screens you will see a list of PF Keys. These keys provide a short cut to other screens or functions. **Only those PF Keys that are available for a particular screen will appear**. Whenever possible, the functions performed by these keys have been designed to remain consistent from screen to screen.

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The most common uses are as follows:

- PF1** Screen Level Help
- PF2** Comments
- PF3** Returns from a Comments or Help Screen
- PF4** Continue (Proceeds to the Next Assessment Screen)
- PF5** Menu
- PF6** Print (Generates Programmatic Print)
- PF7** Previous Screen (Only Works on List and Help Screens)
- PF8** Next Screen (Only Works on List and Help Screens)
- PF9** List (Returns to the Appropriate List Screen)
- PF10** Disposition

Occasionally, a PF key will have a different function. When this occurs, the specific function is identified on that screen.

Help Screens: There are two types of help available:

1. **Screen-level help** is accessed by pressing the PF1 key. It provides general information about the current screen.
2. **Field-level help** provides information for a specific field. To access field-level help, type a question mark (?) in the field where the help is desired. This brings up the help screen for that particular field.

Each help screen specifies the number of pages of help that are available for the particular screen or field in question. If multiple pages are available, <PF7> and <PF8> allow you to browse backward and forward as appropriate. When the Help Screen is no longer needed, **press <PF3>** to return to the original JOBS screen.

```
MESSAGE:
                                F A C E T S
ZE57                             HELP SCREEN

                                PAGE  1  OF   2  DISPLAYED

FIELD  HFD0023

COMPONENTS
CEMP-  COMMUNITY SERVICE EMPLOYMENT

COUN-  COUNSELING

EDUC-  EDUCATION (ANY EDUCATION < OR = SECONDARY, EVEN SELF-INITIATED)

JOBR-  JOB READINESS ACTIVITIES

JOBS-  JOB SEARCH (ENTER SPECIFIC TYPE IN "TYPE PROGRAM FIELD")

JSTR-  JOB SKILLS TRAINING

-----
PF3->RETURN  PF7->PREV  PF8->NEXT
```

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Menu Screens: Generally speaking, a menu is nothing more than a list of available options. Even the list of available PF keys at the bottom of each screen is a menu. Menus provide a standardized and systematic process for moving through FACETS.

```
MESSAGE: SELECT OPTION AND PRESS ENTER
ZD01                F A C E T S                07/07/15
                   WATS MASTER MENU          13:47:55

                OPTION                SCREEN TITLE

                1                RETURN TO FACETS MASTER MENU
                2                ASSESSMENT/UPDATE MENU
                3                CLIENT INQUIRY MENU
                4                PROVIDER MENU

OPTION:
```

Whether entering information for a new referral or managing existing cases, menus are available to guide you each step of the way.

Menu options are selected by simply typing in the desired option number, required information, and pressing *<Enter>*. Option 1 always returns you to the preceding FACETS Menu or, in the case of the FACETS Master Menu, to the IEVS Security Sign On Screen.

List Screens: Another type of screen common to FACETS is the List Screen. Examples include employment, education, component history, and supportive services. Once details about a case have been entered on an Add/Update Screen, each sequence or occurrence of the activity is maintained in a list format. These sequences may then be reviewed or updated as appropriate by following the instructions at the bottom of the List Screen.

Add/Update Screens: Screens identified as "Add/Update" allow both new and updated case information to be added to the system as appropriate. These screens are designed specifically for detailed case information.

SECTION 2 THE ASSESSMENT PROCESS

I. REFERRALS FOR FA CASES

The MEMBER WATS PARTICIPATION screen (**ZC18**) in the Certification subsystem is used to determine information regarding each FA member's mandatory or exempt JOBS status and to create a referral to JOBS on the WATS Subsystem for all mandatory clients.

MESSAGE RECORD UPDATED			
ZC18	F A C E T S	08/01/15	
TRANS	MEMBER WATS PARTICIPATION	16:49:13	
CASE SSN 111111111			
MEMBER SSN 666666666	NAME CHRISTY K JONES		
MEMBER AGE 16			
IS MEMBER CURRENTLY ATTENDING SCHOOL Y			
IF NO, WHAT IS THE HIGHEST GRADE COMPLETED 0			
IF YES, WHAT IS THE CURRENT GRADE LEVEL 10			
NAME OF SCHOOL SPARKMAN HIGH	STATUS FT		
ATTENDANCE VERIF SOURCE CD	DATE 08012015		
FA REFERRAL STATUS T	REFERRAL STATUS 08012015		
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU			

During an initial application or during recertification, if entries on ZC18 indicate that a member is mandatory for JOBS **and** a WATS record for the individual is closed or nonexistent, the PA worker is taken automatically to ZD09. This is triggered by entry of a Referral Status Date on ZC18.

Once on ZD09, the PA worker registers the case for JOBS by entering the codes for the JOBS worker in the WATS Office and Caseload fields. These actions automatically register the case for JOBS; therefore, no data entry is required on ZD09 by JOBS staff.

If the WATS case is already open, the PA worker is not taken to ZD09 during the application/re-certification process. If the PA worker updates either the FA Referral Status and/or Referral Status Date on ZC18 **and** the WATS Case Status is OP, alert **W700** will be created to notify the CM of the change, but the new Referral Date will NOT be reflected on ZD09, ZD30, or ZD21. If the PA worker updates ZC18 **and** the case is **not open** on WATS, a referral to JOBS will be printed (at the PA worker's printer) instead of an alert. **If appropriate, the CM must access ZD09 from the ZD02 Menu and open the WATS case by entering the WATS Office and Caseload codes and pressing <Enter>.**

```

MESSAGE:
ZD09          F A C E T S          02/18/99
TRANS         REFERRAL ADD/UPDATE    10:35:42

MEMBER SSN 111111111 COUNTY 08 REFERRAL DATE 01221999
NAME JANE P DOE REFERRAL PROGRAM F
ETHN/RACE 03 SEX F DOB 09051982

ADDRESS STREET1 P O BOX 66
STREET2
CITY ANNISTON STATE AL ZIP 35777-0111
HOME PHONE (256)152-1111 WORK PHONE (000)000-0000
ADDRESS CHANGE DATE 06041997

ELIG CASE NUMBER 111111111 MEMBER ELIG STATUS O
ASST UNIT NUMBER 111111111 REL OF UNIT HEAD TO MBR PA
FA REFERRAL STATUS C
VOLUNTEER IND N REFERRAL STATUS DATE 01221999

WATS OFFICE 1 WATS CASELOAD 22 DATE REFERRAL ADDED 02131999
ELIG OFFICE 1 ELIG CASELOAD 13

ENTER->UPD PF1->HELP PF2->COM PF4->CONTINUE PF5->MENU PF6->ZD62
PF7->ZC52 PF9->SCHEDULE PF10->DISP

```

REFERRAL PROGRAM:

- K** - Kinship Care
- F** - Financial Assistance (FA) - 1 parent family
- U** - Financial Assistance (FA) - 2 parent family

The Referral Program for FA clients is determined by the Certification subsystem and read to WATS.

DATE REFERRAL ADDED: System generated date showing when ZD09 was created. This date cannot be changed by the worker.

FA REFERRAL STATUS: The following definitions apply:

- C** - Grantee under the age of 20
- M** - All other grantees
- O** - Adult parent (not C, M or P)

- P - Spouse of FA grantee (may or may not be “2 parent case” for federal reporting purposes)
- T- Teen parent (is a child in FA) no high school diploma or GED
- A- Teen parent (is a child in FA) has high school diploma or GED

For ZD09, the FA Referral Status is read from ZC18.

WATS OFFICE: Office number of the JOBS case manager entered on ZD09 by the PA worker at the time of referral (when ZD09 is initialized).

WATS CASELOAD: Caseload number of the JOBS case manager entered on ZD09 by the PA worker at the time of referral (when ZD09 is initialized).

NOTE: If the JOBS and PA worker are the same, both sets of office and caseload codes should be the same. If the JOBS and PA worker are not the same, a unique combination of office and caseload codes must be assigned to each worker. Example: The PA worker could be Office 1 and Caseload 01 and the JOBS worker could be Office 1 and Caseload 02. Even if there is only one worker, the WATS Office and Caseload fields must be completed on ZD09 in order to complete ZD09. After the JOBS case is opened on ZD09, the WATS Office and Caseload may be changed on ZE59 only (See Section 5 in Appendix B).

When ZD09 is created, two other automated functions occur: (1) On ZD21, WATS DISPOSITION, the Case Status is updated to OP and the Participation Status code is set to RF (applicant status); and (2) a W545 alert is set. The W545 alert and the RF participation status mean the client is a member of an applicant FA assistance unit. FA applicants are not subject to JOBS participation requirements, but may receive *Short-term Employment Aid* (SEA) services as stated in section 650-C.

When the PA worker updates ZC58, Certification Disposition, to award the FA, the W545 alert will be automatically cleared, the RF status on ZD21 will be changed to RO, and the WOPN alert is set. The RO Participation Status and WOPN alert mean the client is now subject to JOBS participation requirements and an assessment must be completed. The Response Due Date for the WOPN alert will be the date the initial assessment must be completed to be considered timely and is based on whether the family is coded as a 2-parent (10 days) or a single-parent family (30 days).

Changes to a client's basic identifying information such as SSN, name, race, sex, or DOB cannot be made in WATS. These changes must be made from the Certification Menu (ZC02). See Section 5 for information on how this information is changed.

II. INITIAL STEPS IN AN ASSESSMENT/REASSESSMENT FOR ALL CASES

Every assessment/reassessment should begin at ZD62, the JOBS Family Participation screen.

Step One: Enter Option 4 at the FACETS Master Menu (ZC01).

MESSAGE: SELECT OPTION AND PRESS ENTER	03/01/93
ZC01	F A C E T S 13:03:24
MASTER MENU	
OPTION	SCREEN TITLE
1	RETURN TO IEVS SECURITY SIGN ON
2	CERTIFICATION MENU
3	FINANCIAL MENU
4	WATS MASTER MENU
5	MANAGEMENT MENU
OPTION: 4	

Step Two: Enter Option 3 at the WATS Master Menu, ZD01.

MESSAGE: SELECT OPTION AND PRESS ENTER	03/01/93
ZD01	F A C E T S 13:03:24
WATS MASTER MENU	
OPTION	SCREEN TITLE
1	RETURN TO FACETS MASTER MENU
2	ASSESSMENT/UPDATE MENU
3	CLIENT INQUIRY MENU
4	PROVIDER MENU
OPTION 3	

Step Three: Enter Option 4, Family JOBS Participation, and the client's SSN on ZD04.

MESSAGE: SELECT OPTION AND PRESS ENTER PLEASE
ZD04
F A C E T S 02/13/99
WATS CLIENT INQUIRY MENU 12:48:05
1 RETURN TO WATS MASTER MENU
2 ZD58 WATS PARTICIPATION HISTORY LIST (SSN)
3 ZD30 REFERRAL INQUIRY (SSN)
4 FAMILY JOBS PARTICIPATION (SSN)
5 WATS SSN/T-NUMBER MERGE SCREEN (SSN)
6 CLIENTS BY CURRENT EMPLOYMENT INQUIRY (OCCUP)
7 CLIENTS BY PREVIOUS EMPLOYMENT INQUIRY (OCCUP,OFF,CASELD)
8 CLIENTS BY CAREER GOAL INQUIRY (OCCUP)
OPTION: 4
SSN: 111111111
OCCUPATION:
COUNTY:
OFFICE:

CASELOAD:

ZD62 lists each family member in JOBS with the same Assistance Unit/Food Stamp Number. Knowledge of the family's composition is critical to a thorough assessment. For each family member in WATS, ZD62 shows: (1) referral status in JOBS; (2) whether the parent(s) Referral Program is F or U; and (3) if the member listed is a teen parent in *his or her* parent's case.

```

MESSAGE: PLEASE ENTER SSN FOR INQUIRY OR PRESS PFKEY.
ZD62          F A C E T S          02/13/99
TRANS:        FAMILY JOBS PARTICIPATION      12:43:33

MEMBER SS # 111111111 NAME: JANE P DOE      COUNTY: 08
ASST UNIT/FS # 111111111 NAME: JANE P DOE
CASE # 111111111 NAME: JANE P DOE          PAGE: 01
                *MORE*
*****JOBS PARTICIPANTS*****
SSN 111111111 NAME JANE P DOE      REF PROG F REF STAT FA N
REF DATE 08-19-1998 REL JOBS CASE STATUS OP STATUS DATE 08-19-1998
PART STAT PL DATE 09-09-1998 REASON NEXT ACTION 06-01-1999
COMP EDUC STATUS PL DATE 09-09-1998 SCHED HRS 35
EMPLOYED N # HRS 00 HRLY WAGE $ 0.00 ELIG OF 1 CLD 02 WATS OF 1 CLD 01
DATE EMPLOYED

SSN 222222222 NAME LEON DOE      REF PROG F REF STAT FA N
REF DATE 08-19-1998 REL JOBS CASE STATUS OP STATUS DATE 08-19-1998
PART STAT PL DATE 09-09-1998 REASON NEXT ACTION 06-01-1999
COMP PREP STATUS PL DATE 10-19-1998 SCHED HRS 40
EMPLOYED N # HRS 00 HRLY WAGE $ 0.00 ELIG OF 1 CLD 02 WATS OF 1 CLD 01
DATE EMPLOYED

PF1->HELP PF2->ZD20 PF4->ZD30 PF5->MENU PF7->PREV PF8->NEXT
PF9->NAME-SSN INQUIRY PF10->ZD21

```

MEMBER SS#: This field is the Social Security Number of the individual member. It may or may not be the same as the ASST UNIT/FS#.

ASST UNIT/FS#: This field is the same as the FA case SSN on Certification. It is the SSN of the grantee of the FA case.

CASE #: This field should display the same SSN as the ASST UNIT/FS# field.

COMP: This refers to any open component on ZD23. The other fields on this line provide information about this component.

EMPLOYED: This information is read from ZD11 if Current Employment is entered. Due to limited space, the start date of the employment is displayed on the next line.

ELIG OF/CLD and WATS OF/CLD: These fields show the Office and Caseload for both the *PA* and JOBS workers.

If more than two family members are in JOBS the word ***more*** appears on ZD62. **Press PF8** to display additional family members. The members are displayed on ZD62 in numerical order by SSN.

```
ZD62          F A C E T S          02/13/99
TRANS:        FAMILY JOBS PARTICIPATION    13:01:05
MEMBER SS #  333333333 NAME: MICHAEL DOE    COUNTY: 08
ASST UNIT/FS # 111111111 NAME: JANE P DOE
CASE #       111111111 NAME:                PAGE: 02
*****JOBS PARTICIPANT*****
SSN 333333333 NAME MICHAEL DOE              REF PROG F REF STAT FA N
REF DATE 08-19-1998 REL JOBS CASE STATUS OP STATUS DATE 08-19-1998
PART STAT PL DATE 09-09-1998 REASON NEXT ACTION 06-01-1999
COMP EDUC STATUS PL DATE 09-08-1998 SCHED HRS 35
EMPLOYED Y # HRS 40 HRLY WAGE $ 8.66 ELIG OF 1 CLD 02 WATS OF 1 CLD 01
DATE EMPLOYED 01-19-1999

PF1->HELP PF2->ZD20 PF4->ZD30 PF5->MENU PF7->PREV PF8->NEXT
PF9->NAME-SSN INQUIRY PF10->ZD21
```

III. CONTINUING THE ASSESSMENT

After reviewing the family information on ZD62, the case manager should use PF4 to go to ZD30. This will take the user to the ZD30 for the person whose SSN is shown in field, Member SSN, at the top of ZD62. If a different family member is desired, **enter the SSN on ZD30 and press <Enter>**. ZD30 and ZD09 contain basically the same information. Since ZD30 is an inquiry only screen it should be used instead of ZD09. It is accessible from ZD62 by PF4 and from many other screens using the TRANS field. Access to ZD09 is more restrictive since it is an add/update screen.

```
MESSAGE ENTER NEW SSN OR USE PFKEYS
ZD30          F A C E T S          09/09/03
TRANS        REFERRAL DETAIL INQUIRY    10:59:26

SSN 22222222 COUNTY 08 REFERRAL PROGRAM F REFERRAL DATE 01032002
NAME LEON DOE          DATE REFERRAL ADDED 01032002
DOB 05141980 ETHN/RACE 03 SEX M
ADDRESS STREET1 702 S JENKINS ST
          STREET2
          CITY ANNISTON STATE AL ZIP 35611-1111
          HOME PHONE (205)232-1111 MSG WORK PHONE (000)000-0000
          ADDRESS CHANGE DATE 06012002

ELIG CASE NUMBER 111111111 MEMBER ELIG STATUS O
DHR FILE # 012345 YOUNGEST CHILD AGE 2
          DOB 10/01/2001
FA REFERRAL STATUS N

WATS CASE STATUS OP STATUS DATE 01032002
ELIG OFFICE 1 ELIG CASELOAD 22
WATS OFFICE 1 WATS CASELOAD 11

PF1->HELP PF4->ZD12 PF5->MENU PF6->ZD58 PF7->IEVS PF9->ZD62 PF10->ZD21
```

ZD30 displays the information from ZD09. Also ZD30 shows information from Certification such as address, eligibility case status and phone #.

Changes to a client's basic identifying information such as county number, SSN, name, race, sex, or DOB cannot be made in WATS. These changes must be made from the Certification Menu (ZC02). See Section 5 for instructions on changing this information.

After reviewing ZD30, the JOBS case manager should press PF4 to go to ZD28 to continue the assessment or use PF9 to return to ZD62 to review the information on another family member.

The following screens should be reviewed/completed for in-depth assessments:

1. ZD62 (Family JOBS Participation)
2. ZD30/ZD09/ (Referral Detail)
3. ZD28 (Language)
4. ZD12 (Education/Training Summary Add/Update)
5. ZD13 (Education/Training History List)
6. ZD10 (Current Employment List)
7. ZD15 (Employment History List)
8. ZD18 (Test Results List)
9. ZD73 (Disability/Condition List)
10. ZD56 (Readiness Score)
11. ZD20 (Assessment Summary)
12. ZD22 (Component List)
13. ZD24 (Supportive Services List)
14. ZD21 (Disposition)

In some cases it may also be helpful to review certain Certification screens before or during the assessment:

1. ZC17 (Member Relationship)
2. ZC18 (Member WATS Participation)
3. ZC35 (Member Education Income)
4. ZC45 (Eligibility/Payment Determination)
5. ZC47 (Member Disqualification Inquiry)
6. ZC52 (Program Participation Inquiry)
7. ZC60 (Name/SSN Inquiry)
8. ZC63 (Member Sanction Inquiry)
9. ZC94 (Member Time-Limits/Hardships)

These screens are discussed in more detail later.

LANGUAGE (ZD28)

In the assessment flow, this screen is accessed from ZD30 by pressing PF4. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 3.

ZD28 should be completed on all clients as part of the JOBS assessment. Only the first field (PROBLEM UNDERSTANDING ENGLISH?) should be completed for individuals whose primary language is English. All fields should be completed for individuals whose primary language is not English.

MESSAGE INPUT DATA AND PRESS ENTER TO ADD LANGUAGE RECORD		
ZD28	F A C E T S	04/22/04
TRANS	LANGUAGE	16:16:30
SSN: 111111111 NAME: JANE P DOE		
PROBLEM UNDERSTANDING ENGLISH? (Y/N): Y		
EXPLANATION: RECENT IMMIGRANT FROM GERMANY, CAN SPEAK VERY FEW WORDS OF ENGLISH. ONLY UNDERSTANDS ENGLISH IF SIMPLE PHRASES ARE SPOKEN VERY SLOWLY AND CLEARLY.		
PRIMARY SPOKEN LANGUAGE (OTHER THAN ENGLISH): GE GERMAN		
ABLE TO READ ENGLISH? (Y/N): N OTHER LANGUAGE READ: GE GERMAN		
ABLE TO WRITE ENGLISH? (Y/N): N OTHER LANGUAGE WRITTEN: GE GERMAN		
LANGUAGE SCORE (1,2,3): 1 LAST TRANSACTION DATE:		
ENTER->UPDATE PF1-> HELP PF2->COMMENTS PF4->CONT PF5->MENU PF10->DISP		

PROBLEM UNDERSTANDING ENGLISH? (Y/N):

Y - Enter Y in the field if English is not the individual's primary language and if he/she has a problem understanding English. Use the field, EXPLANATION, to record the specifics.

N - Enter N in the field if English is not the individual's primary language but he/she has no significant difficulty in understanding English. Use the field, EXPLANATION, to record the specifics.

If English is the individual's primary language, use N in the field and do not update the other fields.

ADA/504 Add/Update (ZD74) should be used to track problems such as speech impediments, Dyslexia, or other communication problems.

EXPLANATION: If Problem Understanding English is Y or if English is not the individual's primary language but he/she doesn't have a problem understanding English, then an explanation must be entered.

PRIMARY SPOKEN LANGUAGE (OTHER THAN ENGLISH): Please use the appropriate 2 digit code to indicate which language (other than English) the individual can read. The system will automatically generate a 10 character description when CM hits enter. Code “OT” may be used for languages not otherwise identified in the code list. If code “OT” is used, a description up to 10 characters must be entered by CM.

ABLE TO READ ENGLISH? (Y/N): The system will default to “N”. This field should be completed when English is not the individual’s primary language to indicate whether he/she can understand English in written form. This field should **not** be completed for individuals for whom English is the primary language.

OTHER LANGUAGE READ: Please use the appropriate 2 digit code to indicate which language (other than English) the individual can read. The system will automatically generate a 10 character description when CM hits enter. Code “OT” may be used for languages not otherwise identified in the code list. If code “OT” is used, a description up to 10 characters must be entered by CM.

ABLE TO WRITE ENGLISH? (Y/N): The system will default to “N”. This field should be completed when English is not the individual’s primary language to indicate whether he/she is able to communicate in English by means of writing English. This field should **not** be completed for individuals for whom English is the primary language.

OTHER LANGUAGE WRITTEN: Use the appropriate 2 digit code to indicate a language (other than English) with which the individual can communicate by putting the other language in writing. The system will automatically generate a 10 character description when CM hits enter. Code “OT” may be used for languages not otherwise identified in the code list. If code “OT” is used, a description up to 10 characters must be entered by CM.

LANGUAGE SCORE (1, 2, 3): Enter the number in this field that most accurately reflects the CM’s assessment of the individual’s ability to communicate in English. Use 1 to indicate the most barriers, 2 to indicate some barriers and 3 to indicate few or no barriers.

LAST TRANSACTION DATE: Current date will be automatically generated in this field whenever the screen is updated.

EDUCATION/TRAINING SUMMARY ADD/UPDATE (ZD12)

In the assessment flow, this screen is accessed from ZD28 by pressing PF4. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 4.

ZD12 should be completed on all clients. The only exception would be clients who are not assessed due to failure to comply. Current Highest Grade Completed is a mandatory field for federal reporting.

ZD12	F A C E T S	05/05/92
TRANS:	EDUCATION/TRAINING SUMMARY ADD/UPDATE	14:33:04
SSN: 111111111	NAME: JANE P DOE	
ORIGINAL REFERRAL HIGHEST GRADE COMPLETED 12 DATE COMPLETED 04211993		
TYPE DIPLOMA/GRADUATION CERTIFICATE 1 DATE 04211993		
CURRENT HIGHEST GRADE COMPLETED 12 DATE COMPLETED 04211993		
CAREER GOAL 0251		
DESC SALES OCCUPATIONS, BUSINESS & FINANCIAL		
GRANTS/LOANS/SCHOLARSHIPS: EVER		
RECEIVE RECEIVED		
WORK STUDY		
PELL		
SEOG		
NDSL		
REPAYMENT STATUS:		
GUARANTEE LOAN		
REPAYMENT STATUS:		
VA ASSISTANCE		
REPAYMENT STATUS:		
OTHER LOANS/GRANTS		
REPAYMENT STATUS:		
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF4->ZD13 PF5->MENU PF10->DISP		

ORIGINAL REFERRAL HIGHEST GRADE COMPLETED: Complete the first time the individual is assessed. **This field should never be updated even if the individual's case status changes (unless the data was entered in error).** This allows FACETS to effectively track educational progress.

DATE COMPLETED: Complete the first time the individual is assessed. Enter the date or approximate date of the Original Highest Grade Completed.

TYPE DIPLOMA/GRADUATION CERTIFICATE: Enter the code for the type of high school diploma or certificate. Enter ? in field to review codes. Update when the participant finishes high school and when ZD18 is completed showing that the individual passed the GED test.

DATE: Same as above.

CURRENT HIGHEST GRADE COMPLETED: **This field should be updated** on ZD12 each time an individual successfully completes a grade level or receives a certificate or diploma. Current grade level should never be less than the original grade level.

Use grade level 22 (Other Credential) only if the course resulted in a significant increase in the client's skill level. Use ZD13 to track minor certificate programs.

FACETS will read ZD18 monthly for individuals who have passed the GED test and will update current highest grade on ZD12.

WARNING: Current Highest Grade Completed on ZD12 is UPDATED when information on ZC18 in Certification is UPDATED. In update situations, when <Enter> is pressed on ZD09, information is pulled from one of two fields on ZC18: Highest Grade Completed or Current Grade Level depending upon whether the individual is currently in school or not. This will update the information that was previously shown on ZD12.

DATE COMPLETED: Same as above.

CAREER GOAL: Enter ? to review a listing of the most commonly used career codes. A more complete listing of 3 digit occupational codes may be found in Appendix A of the JOBS Program Policy Manual or in the Dictionary of Occupational Titles (DOT).

Note: On FACETS, a zero must be entered before the 3 digit occupational code.

GRANTS/LOANS/SCHOLARSHIPS: Complete if the client has ever received an educational grant or loan. If Y is entered for NDSL, Guarantee Loan or Other Loans/Grants, a Repayment Status must be entered. Press <Enter> to save the information and bring up the next assessment screen.

For additional information on current grants or educational loans, refer to ZC35. To access ZC35 from a WATS screen that has a TRANS field, enter ZC04 and press <Enter>; once on ZC04, follow Step 3 below.

From the Master Menu, ZC01:

Step One: Enter Option 2 at the FACETS Master Menu (ZC01).

```
MESSAGE: SELECT OPTION AND PRESS ENTER
ZC01          F A C E T S          02/17/99
              MASTER MENU          15:33:09

              OPTION      SCREEN TITLE

              1  RETURN TO IEVS SECURITY SIGN ON MENU
              2  CERTIFICATION MASTER MENU
              3  FINANCIAL MASTER MENU
              4  WATS MASTER MENU
              5  MANAGEMENT MENU

                                OPTION 2
```

Step Two: Enter Option 3 at the Certification Menu (ZC02).

```
MESSAGE: SELECT OPTION AND PRESS ENTER
ZC02          F A C E T S          02/17/9
              CERTIFICATION MENU    15:32:3

  OPTION      SCREEN TITLE

    1  RETURN TO MASTER MENU
    2  CASE DATA COLLECTION MENU
    3  MEMBER DATA COLLECTION MENU
    4  ABSENT PARENT MENU
    5  ELIGIBILITY MENU
    6  INQUIRY MENU
    7  DEMOGRAPHIC UPDATE MENU

              OPTION: 3
```

Step Three: Enter Option 19, type Action C and the SSN at the Member Data Collection Menu (ZC04).

```
MESSAGE: ENTER OPTION, ACTION CODE, AND MEMBER SSN AND PRESS ENTER
ZC04 * SIMULATION *    F A C E T S          09/09/03
              MEMBER DATA COLLECTION MENU    11 43 40
OPT  SCREEN TITLE      OPT  SCREEN TITLE

  1  RETURN TO CERTIFICATION MENU    13  MEMBER EARNED/DEEMED INCOME
  2  MEMBER-IDENTIFICATION            14  SUP MEMBER EARNED INCOME
  3  MEMBER-RELATIONSHIP              15  MEMBER UNEARNED INCOME
  4  MEMBER-E AND T PARTICIPATION     16  NOT USED
  5  MEMBER-MARITAL STATUS/DEPRIVATION 17  NOT USED
  6  MEMBER-DISQUALIFICATION INFO     18  NOT USED
  7  POTENTIAL DISQUALIFICATION FACTORS 19  MEMBER EDUCATION INCOME
  8  EBT SANCTION                    20  NOT USED
  9  CURRENT EMPLOYMENT LIST          21  NOT USED
 10  EMPLOYMENT HISTORY LIST
 11  SUP MEMBER INFORMATION
 12  MEMBER-TIME LIMITS/HARDSHIP

OPTION

TYPE ACTION

MEMBER SSN
```

ZC35 displays current information about education income for that individual.

```
MESSAGE: RECORD UPDATED

ZC35 * simulation *      F A C E T S      02/17/99
TRANS:      MEMBER EDUCATION INCOME      15:30:17
CASE SSN:  111111111
MEMBER'S SSN: 111111111  NAME: JANE P DOE

IF POST-HIGH SCHOOL OR TRADE SCHOOL;
DO YOU RECEIVE ANY EDUCATIONAL RELATED INCOME? Y

          PERIOD COVERED  AMOUNT OF  VERIFICATION
TYPE OF INCOME  FROM MMYYYY TO MMYYYY  GRANT  SOURCE  DATE
WORK STUDY      011999 051999   232.00  AL  02121999
PELL              .00
SEOG              .00
NDSL              .00
GUARANTEED LOAN                .00
OTHER LOANS/GRANTS              .00
MONTHLY VA EDUCATIONAL          .00
ASSISTANCE

ENTER->UPDATE  PF1->HELP  PF2->COMMENTS  PF5->MENU
```

To return to WATS to complete the assessment, **type ZD01** in the Trans field and **press <Enter>**. On ZD01, enter 2 and **press <Enter>**. On ZD02, enter the option number for the next screen in the assessment process, enter C for TYPE ACTION, and the client's social security number for SSN.

EDUCATION/TRAINING HISTORY LIST (ZD13)

In the assessment flow, this screen is accessed from ZD12 by pressing PF4. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 5.

The next step in the assessment is to address the client's educational background. Record any education or training the participant has had **up until entry into JOBS**. Add as many sequences as appropriate.

```
MESSAGE PLEASE ENTER DATA OR PRESS PFKEY.
ZD13          F A C E T S          06/07/03
TRANS        EDUCATION/TRAINING HISTORY LIST    09:33:18

                PAGE 01

SSN   224224224   NAME MARY B TURTLE

        RELATED   DATE   DATE   END
SEQ  TYPE OCCUPATION  BEGAN  ENDED  STATUS
  1  ABEP   0201    05211994  08251994  KO

UPDATE SEQ   ADD NEW DETAIL   BYPASS
ENTER->SELECTION PF1-> HELP   PF5-> MENU   PF7->PREV   PF8->NEXT
```

To **add a new sequence**, **tab** to the field ADD NEW DETAIL, **type** in a **Y** and **press <Enter>**. This brings up the Add/Update screen (ZD14).

To **update an existing sequence**, simply **enter the desired sequence number** in UPDATE SEQUENCE and **press <Enter>**. If the client has never participated in an education/training program, **tab** to Bypass on ZD13, **enter Y** and **press <Enter>**. The system will bypass ZD14 and proceed to ZD10 (Current Employment List).

EDUCATION/TRAINING HISTORY ADD/UPDATE (ZD14): Data regarding the completion of high school is recorded on ZD12. It is not necessary to repeat it here. If the participant has been in and out of several similar programs, such as WIA, enter one or two and summarize the rest on the comments screen.

```
MESSAGE ADD EDUCATION DATA
ZD14          F A C E T S          02/01/91
TRANS        EDUCATION/TRAINING HISTORY ADD/UPDATE    13:06:08

                DELETE   N
SSN   224224224   NAME MARY B TURTLE

EDUCATION/TRAINING TYPE   OJTP
DATE BEGAN                05211994
DATE ENDED                08251994
RELATED OCCUPATION        0201
STATUS                    KO

ENTER ANOTHER EDUCATION HISTORY RECORD? N (Y,N)
```

ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU PF9->LIST PF10->DISP

EDUCATION/TRAINING TYPE: **Enter ?** to review the codes for this field.

DATE BEGAN: The approximate date the education/training activity began.

DATE ENDED: The approximate date the education/training activity ended.

RELATED OCCUPATION: **Enter ?** to review the codes for this field.

STATUS: **Enter ?** to review the codes for this field.

Press <Enter> to save the information.

Press <PF9> to return to ZD13.

At ZD13, **tab** to BYPASS, **enter Y**, and **press <Enter>** to proceed with the assessment.

CURRENT EMPLOYMENT LIST (ZD10) AND ADD/UPDATE (ZD11)

In the assessment flow, this screen is accessed from ZD13 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 14.

The next screen you will see in the assessment flow is the Current Employment List screen (ZD10), which provides a list of current employment and access to the ZD11 add/update screen.

To review previously entered employment, **enter the sequence number** in the UPDATE SEQ field and **press <Enter>**. If the client is not currently employed or to otherwise skip the add/update screen, enter a “Y” in the BYPASS field to go to the next screen.

```

MESSAGE MAKE SELECTION AND PRESS ENTER
ZD10                                F A C E T S                                04/15/15
TRANS                                CURRENT EMPLOYMENT LIST                    10:46:14

SSN  111111111                      NAME  JANE P DOE                          PAGE  01

SEQ  EMPLOYER NAME                    HOURLY  WEEKLY  JOB    DATE    LAST
      WAGE    HOURS    CATG   BEGAN   CHANGE
1    JENNY'S CRAFTS                    7.25   99     125   06132014 06152014

UPDATE SEQ          ADD NEW SEQ          BYPASS
ENTER->SELECTION  PF1->HELP  PF2->COMMENTS  PF5->MENU  PF7->PREV  PF8->NEXT
    
```

IF THE CLIENT IS CURRENTLY EMPLOYED, A SEPARATE ZD11 SCREEN MUST BE COMPLETED FOR EACH EMPLOYER, UNLESS THE INFORMATION HAS ALREADY BEEN ENTERED FROM ZC24 OR ZC28. In such instances, if the employment information has not been previously entered, enter **Y** in the ADD NEW SEQ field and **press <Enter>**. This will take you to ZD11, Current Employment Add/Update Screen as shown below.

```

MESSAGE EMPLOYER ADDED
ZD11                                F A C E T S                                04/15/15
TRANS                                CURRENT EMPLOYMENT ADD/UPDATE            15:35:50

WATS SSN  111111111  CASE NUMBER 111111111  NAME JANE P DOE
EMPLOYER NAME  JENNY'S CRAFTS
CITY          MONTGOMERY                STATE AL      ZIP  36117-9989

JOB CATEGORY      125                TYPE          01
HOURLY WAGE       7.25                MONTHLY WAGE  .00
WEEKLY SCHEDULED HOURS 99                WHAT DAY OF WEEK PAID 0
DATE HOURS VERIFIED                                DATE HOURS UPDATED  06152014
DATE JOB STARTED  06132014                FREQUENCY OF PAY DAY  MO
DATE REPORTED    06152014                EMPLOYMENT STATUS    FT
SEND ALERT (Y/N)? N                VERIF SOURC OT VERIF DATE 07012014

EMPLOYER PROVIDED MEDICAL COVERAGE FOR IND ?  N  FOR DEPENDENTS ? N
IF NOT COVERED BY HEALTH PLAN, WHY NOT ?      NA  LAST CHANGE DATE 09182014

PREVIOUS EMPLOYMENT INFORMATION:                WEEKLY SCHEDULED HOURS
DATE HOURS VERIFIED                                DATE HOURS UPDATED
ENTER->UPDATE  PF1->HELP  PF2->COMMENTS  PF5->MENU  PF6->PRINT  PF9->LIST
    
```

CURRENT EMPLOYMENT ADD/UPDATE (ZD11): To add new current employment information, all fields with the exception of DATE HOURS VERIFIED and those fields that are read-only must be entered. To update existing employment information, enter or overwrite existing information with current information.

IMPORTANT NOTE: In order for the hours entered in the WEEKLY SCHEDULED HOURS field to be used in calculating the client's individual work participation rate, the number of hours in that field must be a number other than 99 or 98 and there must be a date in the DATE HOURS VERIFIED field. Therefore, verified average weekly hours must be entered and updated from ZD11, rather than ZC24/28, because there is not a field to enter the date the hours were verified on ZC24/28.

EMPLOYER NAME, CITY, STATE, AND ZIP: Self-explanatory.

JOB CATEGORY: Enter ? to review the occupational codes for this field, or reference Appendix A for a more comprehensive list of codes.

TYPE: Two-digit field. Enter ? to review the codes for the funding source of the employment; e.g., public, private, etc.

NOTE: On-the-Job Training should be entered on ZD11, not on ZD23.

HOURLY WAGE: Five digit field which includes the decimal point (XX.XX). Enter the hourly wage received. **Do NOT enter the "\$."**

MONTHLY WAGE: A read-only field brought over from ZC24/28.

WEEKLY SCHEDULED HOURS: Two digit field. Enter "99" if actual hours are not verified. Enter the number of Average Weekly Projected Hours from the PWHCW if actual hours are verified.

NOTE: "98" may be entered if the client is no longer employed and the employment has not been moved to the ZD16 history screen.

WHAT DAY OF WEEK PAID: A read-only field brought over from ZC24/28.

DATE HOURS VERIFIED: Enter the date the actual hours were verified. This date may not be a date prior to the date entered in the DATE JOB STARTED field or a future date. Once a number other than 99 is entered in this field and a date has been entered in the DATE HOURS VERIFIED field and the system has been updated, the WEEKLY SCHEDULED HOURS field may not be changed back to "99".

NOTE: If entering "98" hours to denote the end of employment, the DATE HOURS VERIFIED field should be the **date of employment termination**.

DATE HOURS UPDATED: System generated when DATE HOURS VERIFIED field is populated. The LAST CHANGE DATE field will also be updated when a change in hours is made and will display on ZD10.

DATE JOB STARTED: Enter the date the participant began working for this employer.

FREQUENCY OF PAY DAY: A read-only field brought over from ZC24/28.

DATE REPORTED: Enter the date the participant reported the employment, if different from the Date Job Started field.

EMPLOYMENT STATUS: A read-only field brought over from ZC24/28.

SEND ALERT (Y/N): Use this field to send an employment alert (C301) to the PA worker if applicable.

VERIF SOURC AND VERIF DATE: Read-only fields brought over from ZC24/28.

EMPLOYER PROVIDED MEDICAL COVERAGE FOR IND: If the employer provides medical insurance coverage for the participant, enter Y. Otherwise, enter N.

FOR DEPENDENTS: If medical insurance includes the participant's child(ren), enter Y. Otherwise, enter N.

IF NOT COVERED BY HEALTH PLAN, WHY NOT: If the employer does not provide medical insurance coverage, enter the appropriate reason. (Enter ? to review available codes.)

LAST CHANGE DATE: A computer-generated field that reflects the date an employment was added to ZD11 or ZC24 or when a change was made to these screens.

WARNING: Employment entered on ZD11 shows on ZC67/ZC24/ZC28. The JOBS case manager must send the alert to the PA worker when the Office and Caseload for CERT are not the same as for WATS and the information was not entered by the PA worker.

Although non-self-employment and self-employment income are entered on two different screens on the Certification subsystem (ZC24 and ZC28, respectively) all earned income, regardless of type, is entered on the WATS subsystem on ZD11 **if the JOBS case manager learns of the employment first and it has not been entered already by the PA worker.** Enter self-employment on ZD11 the same as any other employment. The Certification subsystem will distinguish between non-self-employment and self-employment by using the entries made in the field, Type (codes 07 and 09). Regardless of what is entered in the field, EMPLOYER NAME, if 07 or 09 is entered in TYPE, FACETS will interpret it to be either “Self Employment Income, Non Farm” or “Self Employment Income, Farm” and enter the correct description in the EMPLOYER NAME field. Income from this employment will be entered on ZC28 on the Certification

subsystem. If the TYPE code is not 07 or 09, the employment will be considered non-self-employment and the information will be entered on ZC24.

PREVIOUS EMPLOYMENT INFORMATION: This section includes the WEEKLY SCHEDULED HOURS, DATE HOURS VERIFIED, and DATE HOURS UPDATED data from the last employment updated in a prior month. These are computer-generated fields and cannot be updated manually. When the DATE HOURS VERIFIED field is updated with a date in a month that is different from the existing month, the existing month's employment information is moved down to this section.

ADDING/UPDATING THE ZD11 SCREEN: When finished entering current employment information:

Press <Enter> to save the information. A prompt will appear in the MESSAGE field asking "PLEASE VERIFY YOUR ENTRIES AND PRESS ENTER TO UPDATE OR ADD". **Press <Enter>** to complete the transaction.

To continue in the assessment flow:

Press <PF9> to return to ZD10.

At ZD10, **tab to ADD NEW SEQ, enter Y and press <Enter> to add another employment record or tab to BYPASS, enter Y and press <Enter>** to proceed with the assessment.

Employment for FA applicants/recipients cannot be deleted on ZD11. It must be deleted (moved to history) by the PA worker using ZC24/ZC28.

EMPLOYMENT HISTORY LIST (ZD15)

In the assessment flow, this screen is accessed from ZD10 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 6.

Previous work experience should be entered by the case manager on ZD16 during the assessment if it has not already been entered from Certification. Use BYPASS if the individual has never worked. **Enter at least one employment record if the individual has worked. The minimum requirement is the most recent or the longest job held.**

```
MESSAGE MAKE SELECTION AND PRESS ENTER
ZD15          F A C E T S          09/04/14
TRANS        EMPLOYMENT HISTORY LIST    08:33:49
                PAGE 01
SSN 111111111 NAME JANE P DOE
                LAST
SEQ EMPLOYER NAME  JOB DATE  DATE  REASON CHANGE
      CATG BEGAN  LEFT  LEFT  DATE
1  DIXIE CHICKS   0454 02211996 03211996  TF 09042014

UPDATE SEQ#  ADD NEW SEQ  BYPASS
ENTER->SELECTION PF1->HELP PF2->COMMENTS PF5->MENU PF7->PREV PF8->NEXT
```

To add previous work information, tab to ADD NEW SEQUENCE, **enter a <Y>** and **press <Enter>**. This brings up **ZD16** which is used to record information on past employment.

EMPLOYMENT HISTORY ADD/UPDATE (ZD16): The number of employments that should be entered varies. If the individual has worked for the same company for 10 years, one employment may be sufficient. If the individual changes jobs frequently, enter the last several jobs. At the initial assessment, when entering employment history information always enter “99” hours in the WEEKLY SCHEDULED HOURS field and leave the DATE HOURS VERIFIED field blank. Use the OTHER RELATED WORK EXPERIENCE field to enter the 4 digit code for up to 4 previous work experiences. The comments screen (PF2) may be used to record additional information.

```
MESSAGE
ZD16          F A C E T S          09/04/14
TRANS        EMPLOYMENT HISTORY ADD/UPDATE    16:48:44

SSN 111111111 NAME JANE P DOE

EMPLOYER NAME DIXIE CHICKS
CITY  MONTGOMERY STATE AL ZIP 36229-9898
      TYPE 01
JOB CATEGORY 0454 HOURLY WAGE 7.25
WEEKLY SCHEDULED HOURS 99
DATE HOURS VERIFIED
DATE HOURS UPDATED
DATE BEGAN 02211996 DATE ENDED 03211996
REASON FOR LEAVING TF

OTHER WORK RELATED EXPERIENCE
      LAST CHANGE DATE 09042014
```

PREVIOUS EMPLOYMENT INFORMATION: WEEKLY SCHEDULED HOURS
DATE HOURS VERIFIED DATE HOURS UPDATED
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU PF9->LIST

Information entered on ZD16 will be displayed on ZC74, EMPLOYMENT HISTORY LIST. Information entered on ZC25, MEMBER EMPLOYMENT HISTORY, will be displayed on ZD15/ZD16.

Current employment information on ZD11 is also automatically moved to this screen when it is deleted (terminated) from ZC24/28 on the Certification Subsystem. The WEEKLY SCHEDULED HOURS and DATE HOURS VERIFIED fields should be updated on this screen only if the employment has terminated and verification of the actual hours was received after the employment information was moved to this screen. In such instances, the two fields should be updated by entering the number of verified hours and the date the hours were verified, respectively.

PREVIOUS EMPLOYMENT INFORMATION: This section includes the WEEKLY SCHEDULED HOURS, DATE HOURS VERIFIED, and DATE HOURS UPDATED data as it appeared on ZD11 when the employment was moved to this screen from ZC24/28. These are computer-generated fields and cannot be updated manually.

ADDING/UPDATING THE ZD16 SCREEN: When finished entering employment history or updating the hours:

Press <Enter> to save the new or updated information. A prompt will appear in the Message field asking "PLEASE VERIFY YOUR ENTRIES AND PRESS ENTER TO UPDATE OR ADD". **Press <Enter>** to complete the transaction.

To continue in the assessment flow:

Press <PF9> to return to ZD15.

At ZD15, **tab** to ADD NEW SEQ, **enter Y** and **press <Enter>** to enter another employment history record or **tab** to BYPASS, **enter Y**, and **press <Enter>** to proceed with the assessment.

TEST RESULTS LIST (ZD18)

In the assessment flow, this screen is accessed from ZD15 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 7.

In many cases ZD18 and ZD19 will not be applicable at the time of the assessment.

ZD18 should be used to **track only the Adult Basic Education (TABE) and the GED tests.** If there are test scores to be entered, **tab** to ENTER NEW SEQ#, **enter a Y** and **press <Enter>** to go to ZD19. If there are no test scores to be entered, **tab** to BYPASS, **enter a Y** and **press <Enter>** to proceed to the next screen.

TEST RESULTS HISTORY (ZD78)

*Scores entered into FACETS prior to the latest programming updates will be accessible for viewing by selecting PF12 which allows access to ZD78 **TEST RESULTS HISTORY**. The **TEST RESULTS HISTORY** field will indicate with a Y or N whether or not there are any older test results that existed previously for the selected client. No edits can be made from this screen. Select PF12 to return to the ZD18 screen.*

MESSAGE: MAKE YOUR SELECTION AND HIT ENTER PLEASE				
ZD18	F A C E T S		03/29/19	
TRANS:	TEST RESULTS LIST		10:34:28	
PAGE 01				
SSN: 111111111		NAME: JANE P DOE		
SEQ	TEST	NON-GED RESULTS		GED RESULTS AND LEVEL
	TYPE	DATE	READ MATH LANG	
1	SOST	03272019	145 PASS/HIGH SCHOOL EQUIVALENCY	
2	SCIN	03012019	146 PASS/HIGH SCHOOL EQUIVALENCY	
3	MATH	03012019	175 GED COLLEGE READY PLUS CREDIT	
4	LART	03012019	200 GED COLLEGE READY PLUS CREDIT	
5	TABE	02012019	10.2 11.0	8.3
UPDATE SEQ #: ENTER NEW SEQ #: BYPASS: TEST RESULTS HISTORY: N				
ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT PF12->ZD78				

TEST RESULTS ADD/UPDATE (ZD19)

ZD19 should be completed each time the TABE or any part of the GED Tests *are* administered. As a result, Case Managers should follow-up closely with providers to ensure tests are being administered and scores are received timely. **Individuals in contracted Adult Education classes should be tested initially upon entry into the component and every 6 months thereafter.**

When accessing ZD19 from ZD18, the SSN and Name fields will be prefilled.

```

MESSAGE: UPDATE ASSESSMENT DATA
ZD19          F A C E T S          03/29/19
              TEST RESULTS ADD/UPDATE 10:41:40
              DELETE N (Y,N)
SSN: 111111111 NAME: JANE P. DOE

PROVIDER ID: 1234 PROVIDER NAME: CHOICES FOR SUCCESS

TEST TYPE: SOST TEST NAME: SOCIAL STUDIES (GED)

TEST DATE: 03272019

NON-GED TEST RESULTS: READING: MATH: LANGUAGE:

GED TEST RESULTS: 145 LEVEL: PASS/HIGH SCHOOL EQUIVALENCY

HAS MEMBER PASSED ALL FOUR PARTS OF THE GED? Y (Y/N)

ENTER ADDITIONAL TEST DATA? N (Y,N)

ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU PF9->LIST PF10-DISP
PF11->ZD48

```

PROVIDER ID: Enter the provider ID assigned to the provider who administered the test. **This is a required entry.**

TEST TYPE: *When posting a score, enter the code for the test score as below:*

TEST:	CODE:
Adult Basic Education	TABE
GED Mathematical Reasoning	MATH
GED Reasoning Through Language Arts	LART
GED Science	SCIN
GED Social Studies	SOST

TEST DATE: Enter the date the test was administered.

NON-GED TEST RESULTS: *If entering a TABE score, enter up to four digits including the decimal point in the appropriate section according to the type of subtest taken (Reading, Math, Language). Enter the score of the participant's functioning grade level (for example, 9.2, 11.6).*

GED TEST RESULTS: *Enter the three digit numerical score (the score can only be between 100-200). Entry is not allowed in the LEVEL field but when all information is posted and <Enter> is pressed, will be completed automatically as follows:*

<i>If GED test score entered is 100-144</i>	<i>DID NOT PASS</i>
<i>If GED test score entered is 145-164</i>	<i>PASS/HIGH SCHOOL EQUIVALENCY</i>
<i>If GED test score entered is 165-174</i>	<i>GED COLLEGE READY</i>

If GED test score entered is 175-200 GED COLLEGE READY PLUS CREDIT

The numbers above indicate a range of numbers. For example, if a user enters any score between 100-144 for any of the GED tests, the Level will read "DID NOT PASS".

HAS MEMBER PASSED ALL FOUR PARTS OF THE GED?: *Enter N if the member has NOT passed all four parts of the GED and enter Y if the member HAS passed all four parts of the GED.*

To enter additional test data, **enter Y** in the ENTER ADDITIONAL TEST DATA field and **press <Enter>**.

If there are no additional test entries to be made, **press PF9** to return to ZD18. At ZD18, **tab** to BYPASS, **enter Y** and **press <Enter>** to proceed with the assessment.

If a test entry must be updated, from ZD18 enter the SEQUENCE number of the TEST TYPE in the UPDATE SEQ# field and press <Enter> to make any necessary changes. After updating, press <Enter> to save the information.

Once a month FACETS will update Current Highest Grade on ZD12 Education/Training Summary Add/Update to 13 to indicate the client has received a high school equivalency, but only if all four parts of the GED tests are passed. A case manager may also update ZD12 manually.

DISABILITY/CONDITION LIST (ZD73)

In the assessment flow, this screen is accessed from ZD18 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 15.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability by programs receiving Federal funds. The Americans with Disabilities Act of 1990 (ADA), prohibits discrimination on the basis of disability by public or private entities whether or not they receive Federal funds. The Department of Human Resources has an obligation to adopt methods for administering the Family Assistance program to ensure equal opportunities for persons with disabilities in all aspects of the program such as application, assessment, work program activities, etc. No person with a disability should be refused the right to participate in training programs or be employed because the person has a disability. Individuals with disabilities may not be exempted from work activities, education or training opportunities based on assumptions that such individuals are not qualified to participate in training or work. As the JOBS agency, we must provide our applicants/recipients who have disabilities with appropriate services. The following screens should be used as part of the JOBS assessment to discuss disability and any accommodation(s) needed to afford individuals with disabilities an opportunity to participate in and benefit from the JOBS program in a way which is equal to the opportunity the agency affords to non-disabled individuals.

```
MESSAGE:
ZD73          F A C E T S          05/06/04
TRANS:        DISABILITY/CONDITION LIST          15:53:26

                PAGE: 01

SSN: 111111111  NAME: JANE P. DOE

SEQ DISAB/  DISAB/  DISCLOSE  DISCLOSE  STATUS  LAST CHANGE
  COND  DATE  SOURCE  DATE      DATE
1  LED  05/05/2004  AR    05/05/2004  AC    05/05/2004
2  LEP  05/05/2004  RE    05/05/2004  AC    05/05/2004

UPDATE LINE #:  ADD SEQ #:  BYPASS:

ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT
```

To enter information concerning the disability/accommodation for an individual, tab to ADD SEQ #, **enter Y**, and press **<Enter>**. This takes the user to the ADA/504 Add/Update screen (ZD74).

ADA/504 ADD/UPDATE (ZD74)

```
MESSAGE: PLEASE UPDATE DATA
ZD74          F A C E T S          05/06/04
TRANS:        ADA/504 ADD/UPDATE    15:54:03

                PAGE: 01

CASE SSN : 222222222    NAME: MARY DOE
MEMBER SSN: 111111111    NAME: JANE P. DOE
DISAB/COND: LED    STATUS: AC    STAT DATE: 05052004    DATE ADDED: 05052004
DESC: LEARNING DISABILITIES    DISCLOSURE SOURCE: AR    DATE: 05052004
VERIF SRCE: AF    DATE: 05052004
ACCOMMODATIONS REQUESTED BY CLIENT (Y/N)? Y    DISAB/COND LAST CHG: 05052004
CLIENT ADVISED OF RIGHT TO APPEAL GRIEVANCES UNDER ADA/SECT 504 (Y/N)? Y
*****
ACCM REQ DT  PROV ID  BEGIN DT  END DT  STATUS  LAST CHG DT
1  TPLN 05052004    7374          RC   05052004
2  XSUP 05052004    110           RQ   05052004

UPDATE LINE #:  ADD ACCM SEQ #:
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF3->ZD56
PF5->MENU PF7->PREV PF8->NEXT PF9->LIST PF10->DISP PF12->ZE55
```

DISABILITY/CONDITION: Press ? to review the codes for disability/conditions. More than one disability/condition may be entered for the individual as long as the Disability/Condition codes entered are not the same. Enter an additional disability/condition by going back to the Disability/Condition List (ZD73), and selecting ADD SEQ #.

STATUS: Enter ? to review the codes for this field to indicate whether the disability/condition is active or not.

STATUS DATE: The date when the case manager learned of the disability/condition status should be entered in the field.

DESCRIPTION: A description of the code entered in DISABILITY/CONDITION will be computer generated in this field.

DISCLOSURE SOURCE: Enter ? to review the codes for this field; then enter the code to identify the source from which case manager learned of the individual's disability/condition.

DISCLOSURE SOURCE DATE: Enter the date the case manager learned of the individual's disability/condition.

VERIFICATION SOURCE: Enter ? to review the codes for this field and then enter the code which identifies how the individual's disability/condition was verified.

VERIFICATION DATE: Enter the date the case manager received verification of the disability/condition. If verification is by client's statement or other, the case narrative should document what the client said and other information as necessary.

ACCOMMODATIONS REQUESTED BY CLIENT (Y/N): Enter the yes or no response, which indicates whether the individual requests accommodation(s) for the disability/condition. If ACCOMMODATIONS REQUESTED BY CLIENT is 'Y', you must also put 'Y' in ADD ACCM SEQ #, press enter to go to Accommodations Add/Updated (ZD75) and enter accommodation data. **If ACCOMMODATIONS REQUESTED BY CLIENT is 'Y', disability/condition will be added to ADA/504 Add/Update (ZD74) at the same time Accommodations Add/Update (ZD75) is added. WARNING: If you leave ZD74 to go back to the menu, the list, or continue to another screen without adding accommodation(s) information to ZD75, any data keyed on ZD74 will be lost.**

CLIENT ADVISED OF RIGHT TO APPEAL GRIEVANCES UNDER ADA/SECT 504 (Y/N): Enter the appropriate yes or no response based on policy.

DISABILITY/CONDITION LAST CHANGE: Computer generated date showing the date of the last action on the screen.

To add an accommodation, tab to ADD ACCM SEQ #, enter Y, and press <Enter>. This takes the user to the Accommodations Add/Update screen (ZD75).

ACCOMMODATIONS ADD/UPDATE (ZD75)

An accommodation for a disability/condition may be entered multiple times if provider is different or if request date is different.

An accommodation, which applies to more than one disability/condition, may be entered on each one to which it applies.

MESSAGE:		
ZD75	F A C E T S	05/06/04
TRANS:	ACCOMMODATIONS ADD/UPDATE	15:57:13
PAGE:		
CASE SSN : 22222222	NAME: MARY DOE	
MEMBER SSN: 11111111	NAME: JANE P. DOE	
DISAB/COND: LED	DATE: 05052004	
DESC: LEARNING DISABILITIES		
VERIF SRCE: AF	DATE: 05052004	
ACCOMMODATIONS REQUESTED BY CLIENT (Y/N)? Y		

ACCM REQ: TPLN	REQUEST DT: 05052004	
BEGIN DT: 05052004	PROVIDER: 7374	PROVIDER: MOBILE CO DHR
END DT:	ACCM STATUS REA: RC	
ENTER->UPDATE PF1->HELP PF9->ZD74 PF10->ZE55 PF12->ZD48		

ACCOMMODATION REQUESTED: Enter ? to review codes for this field.

REQUEST DATE: Enter the date JOBS received the request for accommodation.

BEGIN DATE: This date is required if individual is receiving accommodation (Status "RC") or if accommodation was successfully provided (Status "SP").

END DATE: This date is required if status of accommodation is closed.

PROVIDER: Indicate the numeric code for the agency providing the accommodation. This is a required field. Only valid provider ID numbers should be entered. Name of the provider will be computer generated. Use PF12 to go to ZD48 to locate a provider ID #.

ACCOMMODATION STATUS REASON: Enter ? to review the codes for this field.

READINESS ADD/UPDATE (ZD56)

In the assessment flow, this screen is accessed from ZD73 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 8.

ZD56 should be used to record the case manager's assessment of the individual's functioning in each of these areas. This screen is designed for the case manager to rate the client's functioning. It should be completed based on what the case manager has learned about the client during the assessment process. Each item on the list should be scored based on the following scale:

0 = Not applicable. A zero does NOT affect the clients overall average, nor does it reflect a problem with a particular issue.

1 = A serious barrier

2 = Somewhat of a barrier exists, but can be easily resolved

3 = No barriers to participation

Enter 0 only in the fields that do not apply, i. e., military history for clients who have not served in the military. Use the comments screen to record any information that does not appear on other screens.

Press <Enter> to save the entries. The system will compute the Readiness Score based on the number of fields completed.

```
MESSAGE: UPDATE RECORD
ZD56          F A C E T S          09/10/03
TRANS:        READINESS ADD/UPDATE  09:23:05

SSN: 111111111  NAME: JANE P DOE

HEALTH.....: 2  MENTAL HEALTH...: 2  HEARING.....: 3
VISION.....: 1  SUBSTANCE ABUSE.: 3  GROOMING.....: 3
SELF ESTEEM...: 2  COMMUNICATIONS...: 1  ATTITUDE.....: 1
ADAPTABILITY...: 3  ASSERTIVENESS...: 1  MOTIVATION...: 2
LENGTH OF EMPL.: 1  REGENCY OF EMPLO: 1  JOB TURNOVER...: 1
CONVICTION HIST: 0  MILITARY HISTORY: 0  CITIZENSHIP...: 0
DAYCARE.....: 2  TRANSPORTATION..: 1

READINESS SCORE: 1.81
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF4->CONT PF5->MENU
```

ASSESSMENT SUMMARY INQUIRY (ZD20)

In the assessment flow, this screen is accessed from ZD56 by pressing PF4. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 9.

ZD20 reflects a summary of information from other screens. **No updates may be made on this screen.**

MESSAGE:	
ZD20	F A C E T S 07/30/15
TRANS:	ASSESSMENT SUMMARY INQUIRY 14:51:39
SSN: 111111111	NAME: JANE P DOE
DOB : 08311988	SEX: F ETHN/RACE: 03
WATS CASE STATUS : OP	WATS CASE STATUS DATE: 06092015
WATS PART STATUS : PL	PART. STATUS DATE : 07212015
PART STAT REASON :	TOTAL # MO DEF/CHILD U 3 MO 000
FA REFERRAL STATUS : M	REFERRAL PROGRAM : F
READINESS SCORE : 2.85	REFERRAL DATE : 06092015
ORIGINAL HIGHEST GRADE COMPL: 12	DATE COMPLETED : 05252007
CURRENT HIGHEST GRADE COMPL : 19	DATE COMPLETED : 05252007
ADULT/CHILD STATUS (A/C) : A	CAREER GOAL : 0079
HARDSHIP EXEMPTION (Y/N) : N	HARDSHIP REASON :
VERIFICATION SOURCE DATE :	# MONTHS MEMBER IS
REL. OF CASE HEAD TO MEMBER ? SE	ELIGIBLE FOR FA : 034
REL. OF UNIT HEAD TO MEMBER ? SE	# HARDSHIP MONTHS : 000
TOTAL MONTHS RECEIPT : 026	
PF1->HELP PF2->COMMENTS PF4->CONT PF5->MENU PF8->NEXT	
PF9->ZD62 PF10->DISP	

HARDSHIP REASON: Information on exemption from time limits is displayed from ZC94. Each adult family member will have a hardship code showing whether he is the person with the hardship, the spouse of the individual with a hardship or another adult in the case. If one of the members in the Assistance Unit meets the hardship criteria all members are exempt from the time limit; however, each member referred should be assessed to determine if participation in JOBS activities at the current time should be deferred. The nature and scope of the hardship should be considered when determining how much participation will be required of each family member.

MONTHS MEMBER IS ELIGIBLE FOR FA: This field from ZC94 displays the number of months of eligibility for FA that the individual has remaining in the 60 months lifetime limit.

ADULT/CHILD STATUS (A/C): This field from ZC94 displays whether the individual is an adult for the purposes of the time limit. NOTE: time limits do not apply to children on assistance; therefore, the “# of Months Member is Eligible for FA” field will always be 60 for a child.

At this point, **press <PF4>** to continue to the Component List screen (ZD22) if the client is going to participate; otherwise, **press <PF10>** to go to the Disposition screen (ZD21).

IV. ASSIGNING AND UPDATING COMPONENT ACTIVITIES

COMPONENT HISTORY LIST (ZD22)

In the assessment flow, this screen is accessed from ZD13 by pressing P4. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 11.

The Component History List screen shows a brief summary of all components to which the client has been assigned. No user entries are allowed. Use this screen to access ZD23 as stated below.

```
MESSAGE
ZD22          FACETS          12/10/10
TRANS        COMPONENT HISTORY LIST      11:27:44

                PAGE 01
SSN 111111111  NAME LEE LOW, JR

SEQ COMPO-ASSIGN PLACE PLACE SCHED PLANNED ACTUAL PROG COMP
  NENT DATE  DATE  COUNTY HOURS END DATE END DATE TYPE STAT
1  VOCT 09232010 09272010 08 030 05212011  VOCT PL
2  CEMP 07282010 08012010 08 000 01302011  UPST PL

UPDATE SEQ #:  ENTER NEW SEQ#:  BYPASS:

ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT
```

To assign a participant to a component, tab to the ENTER NEW SEQ# field, **enter a Y**, and **press <ENTER>**. To update an existing component, **tab** to the UPDATE SEQ # field, **enter** the appropriate **sequence #**, and **press <ENTER>**. Both of these actions take the user to the Component Add/Update screen (ZD23).

COMPONENT PLACEMENT ADD/UPDATE (ZD23): A separate ZD23 screen must be completed for each component.

```
MESSAGE PLEASE UPDATE DATA
ZD23          F A C E T S          12/10/10
                COMPONENT PLACEMENT ADD/UPDATE      10:40:29

SSN 111111111  NAME LEE LOW, JR

COMPONENT ASSIGNED TO          VOCT  LAST TRANSACTION DATE      09272010
COMPONENT ASSIGNED DATE        09232010  PLACEMENT DATE          09272010
COMPONENT STATUS                PL      STATUS DATE              09272010
PROVIDER ID                     7377  NAME WE WORK ALABAMA
TYPE PROGRAM                     VOCT  CEMP INSURANCE DISCUSSED?
PLANNED END DATE                 05212011
ACTUAL END DATE
CEMP EMERGENCY CONTACT: LAST NAME          FIRST NAME
EMERGENCY PHONE : (000)000-0000

REPORT MONTH                     102010  DATE CHANGED              12102010
SCHEDULED WEEKLY HOURS           30      SCHEDULED MONTHLY HOURS   000
                CEMP MONTHLY HOURS REQUIRED 000

PF1->HELP      PF2->COMMENTS  PF4->ZD48  ENTER->UPDATE
PF5->MENU      PF7->RMUPDT   PF8-RMINQ  PF9->LIST   PF10->DISP
```

No date on ZD23 may be earlier than the Referral Date on ZD09.

COMPONENT ASSIGNED TO: When assigning a client to a component, press the question mark (?) and <Enter> to review the codes for components on the field level Help Screen. Select the appropriate code; then return to ZD23 and enter it. When updating component information, no entry is necessary.

LAST TRANSACTION DATE: Computer generated date showing the date of the last action on the screen.

COMPONENT ASSIGNED DATE: At assignment, enter the actual date (MMDDYYYY) the activity is assigned. This is typically the date the Individual JOBS Participation Plan is signed. For updates, no entry is necessary.

PLACEMENT DATE: Enter the date (MMDDYYYY) the client actually commences (begins) the component activity. Never use a future date in this field.

COMPONENT STATUS: Enter ? to review the codes for this field on the field level Help Screen. Select the appropriate code; then return to ZD23 and enter it.

Note: At assignment, the code should be PA until the client actually begins the component. After the client begins the component, update the status code to PL and enter the Placement Date, Status Date, Provider ID (if not previously entered), and the Planned End Date.

STATUS DATE: Enter the date (MMDDYYYY) each time the component status changes. Status Date should always match the appropriate date for the Component Status: **Examples:** When Component Status is PL, the Placement Date and the Status Date should be the same. When the Component Status is WE, **the Actual End Date should be the same as the Status Date**. The date cannot be a future date.

PROVIDER ID and NAME: Enter the numeric ID for the appropriate provider. The provider's name will automatically be entered when the screen is updated. These two fields may be used prior to placement to identify clients in PA, CB, or OW status for a particular provider. They are **required** after placement. Only valid provider ID numbers should be entered; all clients with the same provider ID will be shown on ZD49, Clients Served by Provider.

TYPE PROGRAM: Enter ? to review the codes for this field on the field level Help Screen. Select the appropriate code; then return to ZD23 and enter it.

CEMP INSURANCE DISCUSSED: N for no is the default answer. Whenever a client is placed or is awaiting placement in a CEMP component, the Volunteer Insurance Program (VIP) should be explained to the client and Y for yes placed in this field.

PLANNED END DATE: The date (MMDDYYYY) the component activity is scheduled to end. **This field must be completed when the Component Status is updated to PL.** For an open component, the **PLANNED END DATE** should always be a date in the future.

ACTUAL END DATE: The date (MMDDYYYY) the component activity is actually terminated. This date must not be a future date.

CEMP EMERGENCY CONTACT: Enter the client's emergency contact name and phone number. The information is needed to facilitate enrollment in VIP. *The case manager should never enter themselves as a client's emergency contact.* When a client is enrolled in any component other than CEMP, these fields should not be completed.

REPORT MONTH: Use this field to create a report month for the month the client is placed (PL) and for each month thereafter until the placement ends. Enter the numeric month and year (MMYYYY) during which the client will participate. An edit message will appear if the report month already exists. A report month must be created for each month in the period from the Placement Date through the Actual End Date.

DATE CHANGED: Computer generated date showing the date of the last change action made on the screen.

SCHEDULED WEEKLY HOURS: Entry is required for all components, except CEMP. Enter the number of hours the client is scheduled to attend the component each week during the report month.

SCHEDULED MONTHLY HOURS: Entry is required for CEMP and optional for all other components. Enter the total number of hours scheduled for the report month.

CEMP MONTHLY HOURS REQUIRED: Entry is required and applicable to CEMP only. Enter the maximum number of hours the client may be required to participate during the report month from the CEMP Hours Calculation Worksheet.

When finished with the Component Placement Add/Update screen:

Press <Enter> to save the information.

Press <PF7> to access ZD32, **<PF8>** to access ZD33, or **<PF9>** to return to ZD22.

REPORT MONTH UPDATE SCREEN (ZD32): A separate ZD32 screen must be completed for each component.

Verified hours of attendance in each component must be entered on ZD32, Report Month Update Screen, for each report month that the client participated. To access ZD32, go to ZD22, Component History List, and enter the sequence number of the component for which the hours have been verified; then press <Enter>. This will bring up ZD23, Component Placement Add/Update, for that component. On ZD23, press the <PF7-RMUPDT> key to bring up ZD32. ZD32 will show all report months for the component.

Entries are allowed on ZD32 only in the Monthly Hours (Attended, Excused, Holiday), and Verification Date fields. All other fields on ZD32 will be automatically populated.

```

MESSAGE:
ZD32                                F A C E T S                                12/10/10
                                      REPORT MONTH UPDATE SCREEN                    10:14:56

SSN 111111111    NAME: LEE LOW, JR                                DISPLAY RPT MONTH: 102010
COMPONENT ASSIGNED TO  VOCT                                COMPONENT STATUS  PL                                STATUS DATE 09172010
PAGE 01
REPORT MONTH                                102010                                DATE CHANGED                                12102010
  SCHEDULED WEEKLY HOURS                                30                                SCHEDULED MONTHLY HOURS                                000
  AVERAGE WEEKLY HOURS                                00                                CEMP MONTHLY REQUIRED HOURS                                000
  MONTHLY HOURS:
    ATTENDED 000  EXCUSED 00  HOLIDAY 00                                VERIFICATION DATE
REPORT MONTH                                102010                                DATE CHANGED                                11022008
  SCHEDULED WEEKLY HOURS                                30                                SCHEDULED MONTHLY HOURS                                000
  AVERAGE WEEKLY HOURS                                00                                CEMP MONTHLY REQUIRED HOURS                                000
  MONTHLY HOURS:
    ATTENDED 114  EXCUSED 10  HOLIDAY 00                                VERIFICATION DATE                                11022008

PF1->HELP    PF2->COMMENTS    ENTER->UPDATE    PF4->ZD23    PF5->MENU
PF7->BACK    PF8->FORWARD    PF9->LIST        PF10->DISP   PF11->RMINQ

```

On ZD32, choose the appropriate Report Month; then complete the Monthly Hours and Verification Date fields as stated below based on information from the Unpaid Hours Computation Worksheet (UHCW) for that month:

ATTENDED: Enter the total number of hours the client attended the component during the report month, including unsupervised homework hours for educational components. This is a 3-digit field. Use leading zeros if the total number of hours is less than 3 digits in length.

EXCUSED: Enter the total number of countable excused absence hours for the component up to 16. This is a 2-digit field. Use a leading zero if the total number of hours is less than 2 digits in length.

HOLIDAY: Enter the total number of countable holiday hours for the component. This is a 2-digit field. Use a leading zero if the total number of hours is less than 2 digits in length.

VERIFICATION DATE: Enter the date (MMDDYYYY) the hours were verified.
Press <Enter> to save the information. After the information is saved:

FACETS will automatically calculate and enter the Average Weekly Hours.

For CEMP components, FACETS will also calculate and enter the CEMP Deemed Weekly Hours after the monthly processing for the TANF federal report is run (usually after the 25th of the month).

Press the <PF11-RMINQ> key to access ZD33, Report Month Inquiry Screen, or **<PF9-LIST>** to return to ZD22.

REPORT MONTH INQUIRY SCREEN (ZD33): A separate ZD33 screen is automatically completed for each component.

ZD33 is an inquiry screen only. No entries are allowed. The screen shows a history of the report months and hours of participation in the component displayed on the ZD23 or ZD32 screen from which this screen is accessed.

```
MESSAGE:
ZD33                      F A C E T S                      12/10/10
                           REPORT MONTH INQUIRY SCREEN      10:14:56

SSN 111111111 NAME: LEE LOW, JR                      DISPLAY RPT MONTH: 102010
COMPONENT ASSIGNED TO VOCT          COMPONENT STATUS PL          STATUS DATE 09172010
PAGE 01
REPORT MONTH          102010          DATE CHANGED          12102010
  SCHEDULED WEEKLY HOURS          30          SCHEDULED MONTHLY HOURS          000
  AVERAGE WEEKLY HOURS          00          CEMP MONTHLY REQUIRED HOURS          000
  MONTHLY HOURS:
    ATTENDED 000 EXCUSED 00 HOLIDAY 00          VERIFICATION DATE
REPORT MONTH          102008          DATE CHANGED          11022008
  SCHEDULED WEEKLY HOURS          30          SCHEDULED MONTHLY HOURS          000
  AVERAGE WEEKLY HOURS          00          CEMP MONTHLY REQUIRED HOURS          000
  MONTHLY HOURS:
    ATTENDED 114 EXCUSED 10 HOLIDAY 00          VERIFICATION DATE          11022008

PF1->HELP   PF4->ZD23   PF5->MENU
PF7->BACK   PF8->FORWARD PF9->LIST   PF10->DISP   PF11->RMUPDT
```

Closing a Component on ZD23:

When a client ends a component activity for any reason, update the Actual End Date, Component Status, and Component Status Date.

Always use the most specific component status closure code possible. If a client is assigned to a component, but never begins the component activity, the most appropriate component status code would be NA or NP. **A status code of OT should be used ONLY when no other status is appropriate.** The withdrawal codes (W codes) are used only when the client has been placed in a component and must withdraw for one of the specified reasons. **If the code WE is used, remember to update ZD11 (current employment).**

To close a component, a report month must exist on ZD32 for each month in the period from the Placement Date through the Actual End Date, even if there were no verified hours for any of those months. If there is no report month for any one of the months in the period, an edit message will appear and FACETS will not allow the closure. Make sure the Actual End Date is in the month the client actually last participated. Choosing an end date in a month prior to the month the client last participated will cause an inability to post attendance for that month without causing programming problems. Report months must be created as stated above. Once a report month is created, it cannot be deleted. Therefore, if a report month is created, that report month must be included in the period from the Placement Date through the Actual End Date. For example, if the Actual End Date is November 2010; but report months were created for December 2010 and January 2011, the Actual End Date may not be earlier than January 2011. The user must therefore enter a date in January 2011 in the Actual End Date field and document the actual end date in the case record narrative. In this example, no verified hours should be entered on ZD32 for the December and January report months.

When the component is closed and no other component is assigned, FACETS automatically changes the Participation Status on ZD21 to PD (pending status), updates the Participation Status Date to the current date, updates the Next Action Due, and generates a W575 alert. Once the component is closed and the client will not be participating in another component or work activity, close all supportive services authorized on ZD25. Update ZD21 and notify the PA worker if required.

IV. SUPPORTIVE SERVICES

SUPPORTIVE SERVICES LIST (ZD24)

In the assessment flow, this screen is accessed from ZD22 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 12.

After agreeing on the appropriate component(s), use ZD24 and ZD25 to authorize supportive services. Reference Chapter Six of the JOBS Program Policy Manual for additional information on supportive services.

```
MESSAGE: NO SUPPORTIVE SERVICES DATA FOR SSN
ZD24          F A C E T S          07/22/97
TRANS:        SUPPORTIVE SERVICES LIST      14:17:22

                PAGE: 01

SSN: 111111111  NAME: JANE P DOE

SEQ SERVICE BEGIN DATE END DATE STATUS RELATED RELATED
                SSN NAME
1 PART 12162014 06302015 N 333333333 JOHN D DOE

UPDATE LINE #:  ADD SEQ #:  BYPASS:  HISTORY INQ SEQ:

ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT PF9->ZE14
```

AUTHORIZE SUPPORTIVE SERVICES (ZD25): Supportive services may not be authorized for longer than six months and must be reauthorized at each reassessment. Set an alert to update supportive services if the dates of the authorization are not concurrent with the date of the next assessment. If no supportive services are authorized, the reason(s) must be documented in the case record.

```
MESSAGE
ZD25          F A C E T S          06/22/97
TRANS         AUTHORIZE SUPPORTIVE SERVICES  14:21:54
                DELETE? N

CLIENT SSN 111111111  CLIENT NAME JANE P DOE

SERVICE AUTHORIZED DAYC
BEGIN DATE 07011997
END DATE 12251997 STATUS A REFERRAL Y NOTICE N
RELATED MEMBER SSN 555555555 NAME: F BOBBY M S L JONES
DOB 09201996 RACE W SEX F FULL/PART TIME F/P F EFFECTIVE DATE
REASON DAY CARE NEEDED E TYPE OF DAY CARE U HANDICAP N
CATEGORY 01 EFFECTIVE DATE
PROVIDER ID 000000336 NAME ANYCITY CMA
IS RELATED MEMBER'S INFORMATION CORRECT? Y (Y,N)
AUTHORIZE ADDITIONAL SERVICES N (Y,N)

REFERRAL INFORMATION (OPTIONAL)
LINE 1 MOTHER STARTS WORK ON 7-1. NEEDS CARE FROM 7:00AM TO 4:00PM
```

LINE 2

LINE 3

ENTER->UPDATE PF1->HELP PF2->COMM PF5->MENU PF6->PRINT PF4->ZD48
PF9->LIST PF10->ZD21 PF11->ZC82

SERVICE AUTHORIZED: Enter ? to review the codes for this field. Certain services such as day care *and* counseling must be authorized separately for each child. Supportive services may be authorized for employment, component activity or a combination of employment and component. Supportive services may be authorized and paid up until the JOBS case is closed according to section 360.

FROM DATE: The date the service is authorized to begin.

TO DATE: The projected date the service is expected to end. Do not enter a period longer than six months. When closing the supportive service, it is the effective date of the termination of the supportive service. When a component is closed and the client will not be participating in another component or work activity, close all supportive services authorized on ZD25. **Note:** When closing the JOBS child care, the CM must ensure that care does not end until the end of the month following the month in which the referral to the CMA is sent, even if this means extending the end date on ZD25 past the six month limit on authorization.

STATUS: Enter ? in field for help. An **A** is entered automatically by FACETS when first authorizing a service.

REFERRAL: Enter **Y** or **N**. FACETS is programmed to locally print a referral to the CMA when child care is authorized (W830), changed (W831) or terminated (W832). Enter **Y** on each child's ZD25 if that child is to be included on the Referral.

NOTICE: Enter **Y** or **N**. FACETS is programmed to mail a notice to the client under certain circumstances. Refer to the chart in Appendix B, Section 1.

RELATED MEMBER SSN: Only required for any type of day care and counseling. Enter the SSN of the child needing these services. Complete ZD25 on each child. If the child is on IEVS, the child's name, race, sex and DOB will be shown on ZD25 when <Enter> is pressed. If this information is not on IEVS or otherwise known to FACETS, the worker must enter it manually. **IEVS WILL NOT BE UPDATED.** When identifying information is changed on IEVS, the information on FACETS will be updated.

NUMBER OF HOURS DAY CARE REQUIRED: Only required for day care and the other services listed in the previous field. Enter **F** for full-time care, **P** for part-time care.

REASON DAY CARE NEEDED: Only required for certain services. Enter ? to review the codes for this field.

TYPE OF DAY CARE: Only required for certain services. Enter ? to review the codes for this field.

CATEGORY: Only required for certain services. Enter ? to review a complete listing of codes for this field. **Enter 01 if day care is paid through the Childcare Management Agency.** If the participant is claiming a child care deduction for this child, enter 02. **Enter 08 if day care is paid through FACETS.**

HANDICAP: Only required for day care. Enter ? to review codes.

EFFECTIVE DATE: Only required for day care and **ONLY** when Full/Part-Time Care is **changed**. Do not enter when authorizing the supportive service.

PROVIDER ID: The numeric code for the agency providing the service, usually the CMA. This is a required field when day care is authorized. The Provider's name and phone number will be entered on the referrals and the termination notices. **Hint:** Set up DHR as provider for use when authorizing self-arranged care that will be paid for through the 1707.

When finished authorizing a supportive service and no additional services are needed, **press <Enter>**. If the authorized service is DAYC, DACS, or COUN the screen will prompt you to review the child's information carefully and, if correct, **enter Y and press <Enter>**. To authorize another supportive service, follow these steps:

If the current service is **not** DAYC or DACS, enter Y in the field, Authorize Additional Service, **before pressing <Enter>**. This will display a new ZD25.

If the current service is **DAYC or DACS** use PF9 to return to ZD24 **after pressing <Enter> and verifying the child's information**. On ZD24, enter Y in Add Sequence and **press <Enter>** to go to a new ZD25.

All supportive services reimbursed by JOBS, claimed as an earned income disregard/child care deduction or paid for through the CMA should be entered on FACETS. Reimbursement of expenses cannot be made on FACETS if the supportive service is not authorized on ZD25. See Section 6 for more details.

REFERRAL INFORMATION (OPTIONAL): Use for day care only. Up to 3 lines of information may be entered on ZD25 to be printed on the Referral. Optional information should be entered on **only** one child's ZD25 screen. This information will be printed on the appropriate Day Care Referral (W830, W831 or W832) when it prints.

Press <PF6> to print the day care referral **after** entering the information on the last child **and** getting the message, "Transaction Complete". The referral information will be kept on ZE76, Referral History.

Press <PF9> to return to ZD24. **Tab** to BYPASS, **enter Y**, and **press <Enter>** to proceed to Disposition (ZD21) or enter a sequence number in the field, **History Inq Seq**, to go to ZD29, Day Care History.

VI. CHANGING DAY CARE INFORMATION

If there is a significant change in the amount of time day care is needed; e.g., from full time care to part time care, ZD25 must be updated and the CMA notified of the change(s). These changes can be done on ZD25 **without** terminating and reauthorizing the supportive service under the new codes. To make the change from full to part time care, enter **C** in Status, **Y** in Referral to generate a referral to the CMA, **P** in Full/Part Time Care and enter the date that the change will be effective. These changes are tracked on ZD29. To view the change(s), enter the sequence number in the field, History Inquiry Sequence, on the bottom of ZD24. This will bring up ZD29 which will display the old information, the effective date and the date the change was made.

MESSAGE:							
ZD29		F A C E T S				08/01/98	
TRANS:		RELATED MEMBER DAY CARE HISTORY				09:52:57	
					PAGE: 01		
SSN: 111111111		NAME: JANE P DOE					
RELATED MEMBER SSN	666666666	NAME	VIKKI X DOE				
DOB	01281976	ETHN/ RACE	03	SEX	F		
SERVICE	AUTH	F/P	EFFECTIVE	CAT	EFFECTIVE	DATE	
	DATES		DATE		DATE	CHANGED	
1 DAYC	05021998 06011998	P	06011998	01	06011998	08011998	
ENTER->SELECTION	PF5->MENU	PF8->NEXT	PF10->ZD21				
PF1->HELP	PF7->PREV	PF9->ZD24					

VII. DEPENDENT CARE DEDUCTIONS:

It is important that day care not be paid through FACETS, the CMAs or Initiative Funds for the same expense(s) that the parent is claiming as a dependent care deduction on ZC17. The case manager should periodically check the Certification screens to ensure that duplicate payments are not made. For a quick look to see if the individual is claiming the deduction, check ZC45.

To access **ZC45** from the Master Menu:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Master Menu (ZC02)	5
Eligibility Menu (ZC06)	

OPTION 2 CASE SSN **11111111**
 UNIT SSN **11111111**

Alternate Method: From any screen with a TRANS field, enter **ZC06** and **press <Enter>**. At ZC06, enter information as shown above.

ZC45	F A C E T S		04/28/99
TRANS	FINANCIAL ASST ELIGIBILITY/PAYMENT DETERMINATION USING PAYMENT STANDARD		10:01:20
UNIT SSN 11111111	NAME JANE P DOE		
CASE SSN 11111111	CAT FA		
GROSS SELF EMPLOYED EARNED	.00	PROPERTY INCOME (UNEARNED)	.00
ROOM AND BOARDER INCOME	.00	NET EDUCATIONAL INCOME	.00
PROPERTY INCOME (EARNED)	.00	OTHER UNEARNED INCOME	.00
SELF EMPLOYMENT DEDUCTION	.00	TOTAL UNEARNED INCOME	.00
NET SELF EMPLOYED EARNED	.00	TOTAL COUNTABLE INCOME	.00
GROSS WAGES EARNED	.00	DEPENDENT CARE DEDUCTION	75.00
GROSS EARNINGS	.00	TOTAL NET INCOME	.00
STANDARD INCOME DEDUCTION	.00	UNIT SIZE 5	
TOTAL NET EARNINGS	.00	PAYMENT STANDARD	225.00
		COUNTABLE INCOME	.00
		ENTITLEMENT	225.00
PREVIOUS ENTITLEMENT	225.00	SANCTION AMOUNT	.00
		NET ENTITLEMENT	225.00
ENTER->NEXT PF1->HELP PF2->COMMENTS PF5->MENU			
PF9->CASE MEMBER REVIEW PF10->CERTIFICATION DISPOSITION			

After reviewing the screen, type ZD01 in the TRANS field to return to the WATS Master Menu.

To know if the deduction is being claimed on a **specific child**, look at ZC17 for that child.

To access **ZC17** from the Master Menu:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	02
Certification Menu (ZC02)	03
Member Data Collection Menu (ZC04)	

OPTION	03
TYPE ACTION	C
MEMBER SSN	888888888

Alternate Method: From any screen with a TRANS field, enter **ZC04** and press **<Enter>**. Follow steps above.

ZC17	FACETS	04/28/99
TRANS:	MEMBER-RELATIONSHIP	09:42:34
CASE HEAD'S SSN:	111111111	NAME: JANE P DOE
UNIT HEAD'S SSN:	111111111	NAME: JANE P DOE
MEMBER'S SSN:	888888888	NAME: BRANDY Q DOE
WHAT IS RELATIONSHIP OF CASE HEAD TO MEMBER ? PA		
WHAT IS RELATIONSHIP OF UNIT HEAD TO MEMBER ? PA		
VERIF SOURCE: GR DATE: 03011999		
DOES MEMBER RECEIVE DEPENDENT CARE ? Y		
IF YES; FOR WHAT REASON ? EP		
WHO IS PAYING FOR THIS CARE ? 111111111		
WHAT IS MONTHLY AMOUNT PAID FOR THIS CARE ? 75.00		
VERIF SOURCE: BR DATE: 02121999		
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU		

After reviewing the screen, type ZD01 in the TRANS field to return to the WATS Master Menu.

VIII. MAKING A DISPOSITION

WATS DISPOSITION (ZD21)

In the assessment flow, this screen is accessed from ZD24 by using the Bypass field. If not in the assessment flow, it may be accessed from the WATS Assessment Add Update menu by using option 10.

ZD21 **MUST** be updated each time there is a change in the case status or a change in the participation status.

MESSAGE		
ZD21	F A C E T S	09/11/03
TRANS	WATS DISPOSITION	09:55:55
SSN 111111111 NAME JANE P DOE		
REF PROG F REF STAT M REF DATE 05302003		
CASE STATUS OP	DATE 05302003	CLOSURE REASON
PARTICIPATION STATUS PL	DATE 06272003	STATUS REASON
CURR ASSM DATE 06122003	NEXT ACTION DUE 10302003	RESET ALERT
INIT ASSM DATE 06122003		
CURR WORK ELIGIBLE 1 CURR WORK ELIGIBLE DATE 06122003		
PREV WORK ELIGIBLE 1 PREV WORK ELIGIBLE DATE 04012002		
EMAIL ADDRESS: JANEPDOE@GMAIL.COM		
ADDITIONAL ALERT ID	ALERT DATE	ALERT DUE DATE
OPTIONAL INFORMATION FOR ALERT	LETTER INDICATOR (Y,N)	
LINE 1		
LINE 2		
LINE 3		
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF4->ZD22 PF5->MENU		
PF6->PRINT PF7->IEVS PF8->ZD62 PF10->ZD58 PF11->ZD73		

It is critical that all related data from the various screens match and be kept current.

Examples of data pairing:

1. When a client is placed in a component, ZD21 should be updated to PL, unless the client has begun or resumed the participation in order to end the noncompliance. In these cases the Participation Status on ZD21 should remain NC until the noncompliance is cured.
2. When a client becomes employed, ZD11, Current Employment Add/Update, **MUST** be updated as well as ZD21.
3. The PA worker should be notified when the client is no longer employed so that ZC24/ZC28 and ZD11 can be updated. Any Participation status that reflects employment such as EM or EP must be changed at the same time.

REF PROG, REF STAT AND REF DATE: Information is shown from ZD09.

CASE STATUS: FACETS automatically changes this field to OP when the case is registered on ZD09 and displays the referral date in the DATE field. To close a case, change Case Status to CL, enter the effective date of closure in the DATE field and enter CLOSURE REASON. The effective date of closure entered must be greater than the date JOBS was opened. NOTE: A JOBS case cannot be registered or reopened by updating Case Status to OP from ZD21. ZD09 must be used to register new JOBS cases or reopen closed cases.

ALL JOBS CASES SHOULD REMAIN OPEN UNTIL THE FA CASE CLOSES IN ORDER TO PROVIDE FOLLOW-UP AND RETENTION SERVICES AS NEEDED DURING THE TWELVE MONTHS THAT EMPLOYMENT INCOME IS DISREGARDED.

CLOSURE REASON: Required when the case closes. Always use the most specific reason whenever possible: NE (FA closed because of employment) instead of NO (no longer receiving FA).

PARTICIPATION STATUS: The Participation Status should always reflect the client's most recent standing in the JOBS Program. Some codes are entered automatically by FACETS. When opening a case on ZD09, FACETS automatically enters RF and creates a W545 alert. A code of PD is entered automatically by FACETS when a component closes and there are no other open components unless the Participation Status on ZD21 is HR - NC - RF- SS. A PD code indicates pending status and that a reassessment is needed. All other Participation Statuses must be entered by the worker. Participation Status Date for PD is always the date the component(s) was closed.

STATUS REASON: Required with Participation Status of DF, HR and LL. When first entering HR in Participation Status, enter HR in Reason or leave blank and FACETS will enter HR. Update the Status Reason when the results of the hearing are received and before changing the Participation Status or closing the case.

INTERACTION WITH CERTIFICATION:

When the Participation Status on ZD21 is changed to NC, alert C333 is created for the PA worker, notifying her of the noncompliance. The date the noncompliance began will be listed as the date entered by the JOBS case manager in the Participation Status Date field. It is no longer necessary to send the Noncompliance/Compliance Referrals (W875/W855) to the PA worker on FA cases. When the Participation Status is changed from NC to another status except for HR (Hearing Requested), alert C345 is created notifying the PA worker that the client has complied on the date entered in the Participation Status Date field. These alerts are not created when the PA and JOBS worker are the same.

JOBS cases should be opened on FACETS/WATS when a client applies for FA and closed according to section 360. All updates to Participation Status Date must occur prior to or on the date the member is terminated from FA. Example: a client cannot be placed (PART STAT PL) with a PART STAT DATE after the FA case has closed. This does not mean that the worker cannot enter a PARTICIPATION STATUS after the FA case has closed, just that the PART STAT DATE must occur prior to the closure date. Example: On March 6, 1999, the case manager wants to close the WATS case since she just learned that the FA case was closed effective 02-28-1999. Prior to closing the WATS case she wants to document that the client was deferred on February 14, 1999. The PART STATUS of DF with a PART STATUS DATE of 02-14-1999 may be entered since it occurred prior to 02-28-1999. The exception to this would be when a client is receiving SEA services (SS participation status) after her FA case has closed.

CURR ASSM DATE: Enter ONLY for initial assessments and reassessments. Use the actual date of the assessment. **DO NOT change this date for other routine contacts that occur.** If an individual is deferred prior to an assessment based on information received, use the date that the decision was made to defer the client as the Assessment Date. This field must be updated at each reassessment.

NEXT ACTION DUE: All Participation Statuses have an alert attached which reflects the date by which the client's status must be reviewed and acted upon as appropriate. The Next Action Due Date (Alert Response Due Date) is computer generated based on the Participation Status Date and cannot be changed by the worker. **Exception:** The Next Action Due Date for the **W555** alert must be set by the worker when the Participation Status is DF, EM, EP, LB, SS, or PL.

INIT ASSM DATE: System generated date based on first entry in **CURR ASSM DATE** each time a WATS case is opened.

RESET ALERT: Alerts W515, W535, W555, W560, W565 and W590 may be reset by **entering the 4 digit alert code** in the Reset Alert field to clear the old alert and to create a new one. **Enter a new Next Action Due Date** when resetting Alert W555. Do not enter a date for other alerts. Alerts W540, W545, W575 and W595 may not be reset. Refer to the Chart in Section 1.

CURR WORK ELIGIBLE: Enter ? to view the codes for this field.. The code will indicate the work eligible status of the client referred to JOBS per JPPM section 100-G.

CURR WORK ELIGIBLE DATE: System generated date based on the date the Work Eligible code was entered.

PREV WORK ELIGIBLE: System generated code that was previously displayed in CURR WORK ELGIBLE before a change was made in that field.

PREV WORK ELIGIBLE DATE: System generated date based on when the previous work eligible code was entered.

EMAIL ADDRESS: Enter the email address of the client.

As a convenience to workers, **MANUAL WATS** alerts (those starting with W) may be entered on ZD21 in addition to ZE53 or ZE55. Refer to Section 3, Alerts.

IX. OTHER ACTIONS ON ZD21

DEFERRED CLIENTS: Clients who will not be participating in a work/component activity must meet the criteria for being deferred (DF) as outlined in Chapter Three of the JOBS Program Policy Manual. For these cases, **PARTICIPATION STATUS, STATUS DATE, and STATUS REASON** must be completed to reflect the reason the individual will not be participating. **DF is not appropriate for volunteers.**

The **CASE STATUS** should remain OP since the individual is still subject to JOBS participation. The period of deferment should always match the client's situation. For example, if a doctor states a client is unable to participate for three months, defer the client only for three months. An individual may not be deferred for longer than **six months** without a reassessment. *The exception to this rule is a single-parent grantee with a child six months of age or younger who may be deferred until the end of the month in which the child turns six months old.*

⊗ **WARNING** ⊗: **Individuals coded two parent families for JOBS participation should not be deferred because of a child six months of age or under.** However, if the second parent is caring for a child in the home for whom no appropriate care is available, i.e., accessible and/or affordable, she may be excused from participation using Participation Status DF and Status Reason LP.

CHANGING REFERRAL PROGRAM: Occasionally an individual's Referral Program changes. Changes in referral program from F to U or from U to F will occur on the Certification side and will be read to the WATS side. When the change is from F to U, the WATS information should be reviewed immediately to ensure that the family is participating the required number of hours for two parent families and that the participation is correctly reflected on all appropriate screens.

CHANGING REFERRAL STATUS: If the Referral Status changes, the CM should evaluate the effect of that change on participation. If the change is from mandatory to exempt, the WATS case for that individual should be closed unless s/he wants to volunteer. If a mandatory status changes to another mandatory status, the current level of participation should be reviewed to ensure that the client is meeting the participation requirements for the new status.

X. WATS PARTICIPATION HISTORY INQUIRY (ZD58)

FACETS creates a history of all major changes made on ZD21 and selected fields on ZD09. Case managers may review a client's participation history via the WATS Participation History Inquiry screen (ZD58). This screen is available through **Option 3** of the WATS Client Inquiry Menu (ZD04). **To access ZD58 from the menu, proceed as follows:**

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	4
WATS Master Menu (ZD01)	3
WATS Client Inquiry Menu (ZD04)	

OPTION: 02
SSN: 422422422

ZD58 may also be accessed using TRANS from any WATS screen on which the TRANS function is available or by pressing <PF10> on ZD21. The information listed on this screen is maintained in **reverse chronological** order with the top line showing the current information on ZD21.

```
MESSAGE
ZD58 * SIMULATION *   F A C E T S           09/17/03
TRANS      WATS PARTICIPATION HISTORY INQUIRY   16:10:51

                PAGE NO 01

CLIENT SSN 422422422  NAME KATHY W JOBS

S      WATS      REF      PART PART
E      CASE STATUS CLOS REF STAT PART STAT STAT CHANGE
Q CNTY OF CL STAT DATE REAS PGM FA #S STAT DATE REA DATE
  13 9 99 OP 11182002  F N  DF 02272003 TP 03012003
  1 13 9 99 OP 11182002  F N  RF 11182002  11182002
  2 13 9 99 CL 01212001 NE F N           01212001
  3 13 9 99 OP 12152000  F N  RF 12152000  12152000

DELETE SEQ#

PF1->HELP PF5->MENU PF7->PREV PF8->NEXT PF9->ZD26 PF10->ZD21
```

* A Change Date is entered on ZD58 by FACETS any time ANY ONE OF THE FIELDS CHANGES. Only the sequences added after the screen was revised will contain data in all fields.

XI. WATS PARTICIPATION HISTORY DELETE (ZD63)

On ZD58, enter the sequence number of the information to be deleted in the field, Delete #, and <Enter>. To delete the information, enter "Y" and <Enter>. The first line on ZD58 contains the information that is currently on ZD21 and can not be deleted (note no sequence number for this line). Only security levels 25, 27, 28, 29 and 36 may delete information. Security levels 26, 30, and 50 have simulation capability.

An optional comments section is provided to document the reason the information is considered erroneous. A copy of ZD64 and the comments may be **locally printed PRIOR** to deleting the information if desired. Once the information is deleted, it cannot be restored.

ZD64	F A C E T S	
TRANS:	WATS PARTICIPATION HISTORY DELETE	07/25/97 14:28:50
DELETE		
CLIENT SSN: 422422422	NAME: KATHY W JOBS	
COUNTY 13	REF PROG F	
WATS CASE STATUS OP	STATUS DATE 11181997	CLOSURE REASON
PART STATUS	PART STATUS DATE	PART STATUS REASON
JOBS SANCTION	SANCTION DATE	
COMMENTS	Case was closed in error. Client had told worker she was moving but called to say she had changed her mind.	
PF1->HELP PF5->MENU PF9->LIST PF10->ZD21		

WARNING: On ZD58 when one sequence is deleted the remaining sequences are renumbered and the **new sequence number** should be entered on the bottom of the screen to go to ZD64 for the next delete.

XII. CLOSING A CASE ON FACETS:

Unless the case was referred to JOBS in error or the member is a volunteer who no longer wants to participate, the JOBS case should remain open as stated in section 360. To close a case on ZD21:

1. Close all components on ZD23 by **entering** an **ACTUAL END DATE** for each active component and updating the **COMPONENT STATUS** and **STATUS DATE** fields. Actual End Date and Component Status Date must be the same.
2. Close all supportive services on ZD25 by **updating** the **TO DATE** and **STATUS** for each active supportive service. Enter **Y** in the fields, **REFERRALS** and **NOTICES**, if appropriate, to generate referrals/notices.

NOTE: The date of closure of JOBS childcare should be coordinated with the opening of childcare (TC or other) through the CMA so that there is no break in the service.

3. Enter CL in **CASE STATUS**, the **CLOSURE DATE** and the **CLOSURE REASON** on ZD21. The **CLOSURE DATE** may be a future date. The **CLOSURE REASON** should always be the most specific code. Example: Always choose NE (closed because of employment) over NO (no longer receiving benefits).

REOPENING CLOSED CASES: A former JOBS case may reopen for many reasons.

For FA cases, ZD09 will most often be reopened from ZC18 by the *PA worker* but must be reopened through the ZD02 Menu by the CM when a referral print (PSWJO070-ZD70) is received from the *PA worker*. Reassess the client after receiving an alert or the referral from Certification that the client has been referred to JOBS. Follow instructions for a new client given earlier.

**SECTION 3
ALERTS**

I. PURPOSE

An automated tickler system can be a very helpful management tool if used properly. FACETS provides case managers with an automated tickler system called alerts. Alerts are used to track activities required by workers and clients. There are three types of alerts: manual, semi-automated and automated. Refer to Appendix B, Section 1, Part III, Case Management Codes, for a list of all alerts.

II. AUTOMATED ALERTS

Most automated alerts are both created and cleared by FACETS. **Example:** Each time a change is made to the Participation Status **AND** the Participation Status Date **on ZD21**, the existing alert for the previous Participation Status is cleared automatically and a new alert is set. This type of automated alert may **NOT** be manually entered or cleared. Both the Participation Status and Status Date fields must be updated for this to occur.

Alerts W515, W520, W535, W540, W560, W565, W575 and W590 have predefined alert dates based on the Participation Status and the Participation Status Date (see the Chart in Section 1 for more information). The Response Due Date for the alert will be displayed in the Next Action Due Date field when the worker **presses <GO>**. If the worker manually enters a date in this field, FACETS will overwrite the field.

Since FACETS alerts can not be displayed in a month/year format and always require that a calendar day be displayed, staff should interpret the Next Action Due Date to mean that the action should occur during the alert month. Example: Worker enters NC on March 23. A W515 alert is created with an Alert Date of 05231997 and a Next Action Due Date of 06231997. The action should be taken no later than June 30th to be considered timely.

ZD21 automated alerts are cleared by doing one of the following:

1. Changing the Participation Status and Status Date on ZD21;
2. Closing the case; or
3. Resetting the alert using the Reset Alert field.

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Alerts W515, W520, W535, W560, W565, and W590 may be reset by entering the alert ID in the RESET ALERT field on ZD21; FACETS will calculate the new Next Response Due Date. Alert W555 may be reset the same way, **but** the worker must **also** enter the Next Action Due Date since the system has no way of knowing how long a client will remain in this status.

FACETS automatically creates the W444 alert to mail the Notice of Opportunity to Participate (NOTP) for each month a client is coded NC, mails it at the appropriate time, updates the Client Correspondence History and clears the alert (W444).

Alert W545 for new FA cases is created automatically by the Eligibility worker when s/he is taken from ZC18 to ZD09 and enters the WATS office and caseload on ZD09. This occurs during the eligibility application/recertification flow. Instances of when a W545 is not created:

1. If the WATS case is already open when ZC18 is updated, the Eligibility worker will not be taken to ZD09 **and** a new W545 will not be created.
2. If the Eligibility worker is **NOT** in the application/recertification flow **and** the WATS case is **NOT OPEN**, a paper referral to JOBS will be printed instead of setting an alert.
3. If the eligibility worker is **NOT** in the application/recertification flow **and** the WATS case is **OPEN**, nothing will happen.

Alert W545 is created automatically from ZD06 for Food Stamp E & T cases. Regardless of how it is created, alert W545 is cleared automatically by ZD21 when the Participation Status is changed or the case is closed.

II. SEMI-AUTOMATED ALERTS

Another type of alert is one that is automatically set by FACETS when the worker enters a code in the Send Alert field on the screen. These alerts are primarily used to notify the Eligibility worker of changes in the participant's situation such as employment or noncompliance and by the Eligibility worker to notify JOBS of changes. These alerts must be cleared manually by the worker who received them.

Alerts W301, W302, W320, W431, W700, W777 and W888 are sent by the Eligibility worker to the JOBS worker. **Alerts C 301, C302, C333, C345, C431, C777 and C888** are sent by the JOBS case manager to the Eligibility worker.

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Response to Send Alert varies depending upon the screen. On some screens such as ZC19, Update Mailing Address/Telephone, there are several options for sending the alert:

- C** sends alert C302 to the Eligibility worker
- W** sends alert W302 to the JOBS worker
- B** sends alerts to both
- N** no alert is sent

On other screens such as ZD11, the options are only Y or N since the only alert needed is to the Eligibility worker.

III. MANUAL ALERTS

In addition to automated alerts, case managers may create manual alerts as needed to track day-to-day case management activities (see Section One for the manual alert codes and definitions). Manual alerts may be created on ZE53 through ZD21, ZE52, or ZE55, but must be updated on ZE53. Use codes W900 through W999 for worker alerts. **NOTE: NOT ALL MANUAL ALERTS GENERATE A NOTICE TO THE CLIENT.**

IV. ADDING ALERTS

All alerts (automated, semi-automated and manual) are shown on ZE53.

ALERT LIST (ZE52): To add a manual alert on ZE53 through ZE52:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	2
Management Inquiry Menu (ZE69)	
OPTION	02
COUNTY	99
OFFICE	1
CASELOAD	01
FROM DATE	06011999
TO DATE	06301999

Tab to ADD NEW SEQUENCE, **enter Y**, and **press <GO>** to access ZE53.

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```

MESSAGE: SELECT SEQUENCE NUMBER AND PRESS ENTER
ZE52                F A C E T S                12/05/91
TRANS:              ALERT LIST                13:09:40
                                                    PAGE: 01

COUNTY: 99 OFFICE: 1 CASELOAD: 01 FROM DATE: 06011999 TO: 06301999

ALERT  RESPONSE  ALERT
DATE  DUE DATE  ID  SSN  NAME
1 02021999 06051999  W972  111111111  JANE P DOE

UPDATE SEQUENCE NUMBER:      ADD NEW SEQUENCE: Y

PF1->HELP  PF5->MENU  PF6->PRINT  PF7->PREV  PF8->NEXT
    
```

ALERT ADD/UPDATE (ZE53): Enter all pertinent information on ZE53 as shown in the example below and **press <GO>** .

```

ZE53                F A C E T S                04/01/99
TRANS              ALERT ADD/UPDATE            08:44:40
COUNTY 99 OFFICE  CASELOAD

SSN 111111111      NAME JANE P DOE
ALERT ID  W930
ALERT DATE 04011999  RESPONSE DUE DATE 04301997

OPTIONAL INFO  PLEASE CONTACT YOUR CASE MANAGER, MR. WORKER, AT 232-2323.

ALERT STATUS  P (P-PENDING, C-CLEARED, D-DELETE, R-RESET)

IF CASE MANAGER ENTERED ALERT, DO YOU WISH TO GENERATE AN
ALERT LETTER TO THE CLIENT? Y (Y/N/P)

ENTER->UPDATE PF1->HELP PF5->MENU PF6->ZE55 PF9->ZE52 PFK10->CHANGE CASE LOAD
    
```

OFFICE/CASELOAD: These two fields will be blank when coming to ZE53. Based on the type of alert being entered, C or W, FACETS will enter the applicable Office and Caseload for that alert. In other words, if alert W900 is entered, the alert will be assigned to the WATS Office and Caseload for that SSN. If alert C900 is entered, the alert will be assigned to the ELIG Office and Caseload for that SSN.

ALERT ID: Refer to Section One to review the codes for this field.

ALERT DATE: The date the alert/notice is to be mailed.

RESPONSE DUE DATE: The date by which the participant should respond to the alert OR the date by which the case manager must take action, as appropriate.

OPTIONAL INFO: Enter optional information as desired.

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ALERT STATUS: FACETS initially sets the status to P for pending. The alert may be deleted, cleared, or reset according to "VI" below.

LETTER TO CLIENT: Enter one of the following options:

- **Y** - A letter to the client is printed and mailed out of the state office. The information in the Optional Info field may be changed as long as the indicator is "Y". The "Y" indicator will be changed automatically to "M" when the notice is printed to be mailed. Once the "Y" is changed to "M", the Optional Info cannot be updated. If this option is chosen, **be sure to allow an additional five days for actual mailing.**
- **N** - No letter is sent to the client.
- **P** - A letter is printed locally. **The letter must be mailed locally by the case manager.**

When finished entering the alert, **Press <GO>** to save the information. Then, press <PF1> for help, <PF5> to return to the menu, or one of the following:

Press <PF9> to return to the ZE52. At ZE52, either add an additional alert, update an existing sequence (enter the appropriate sequence number in the UPDATE SEQUENCE NUMBER field), or press <PF5> to return to the menu; **or**

Press <PF6> to go to ZE55 (Alert List By SSN). This option allows case managers to review or update alerts for a specific client. It also allows new alerts to be added for the specified client. For additional information on ZE55, see "Case Specific Alerts" below; **or**

Press <PF10> to change the client's caseload assignment.

ALERT LIST BY SSN (ZE55): To view **just the alerts for a specific individual** on ZE55:

<u>SCREEN</u>	<u>OPTION</u>	
FACETS Master Menu (ZC01)	5	
Management Master Menu (ZE51)	2	
Management Inquiry Menu (ZE69)	11	
OPTION	11	
SSN	111111111	
FROM DATE	06011999	(Optional)
TO DATE	06301999	(Optional)

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All alerts for the specified client may be requested or you may request only the alerts for a given time period. To request all alerts enter the client's SSN and press <GO>. To request the alerts for a specific time, enter the client's SSN, the FROM DATE and the TO DATE and press <GO>. ZE55 will show the alerts for both the Elig and WATS caseloads.

IT IS NOT NECESSARY TO ENTER THE COUNTY, OFFICE OR CASELOAD CODES FOR THIS OPTION.

MESSAGE SELECT SEQUENCE NUMBER AND PRESS ENTER									
ZE55									
F A C E T S									
TRANS									
ALERT LIST BY SSN									
04/30/99									
10:47:59									
PAGE 01									
SSN	11111111	FROM DATE		TO					
NAME	JANE P DOE								
ALERT DATE	RESPONSE DUE DATE	ALERT ID	COUNTY	ELIG OFFC	ELIG CLOAD	WATS OFFC	WATS CLOAD		
1 04301999	05101999	W302	45			1	22		
2 04301999	05101999	C302	45	1	10				
3 06121999	06171999	W924	45			1	22		
4 06131999	07121999	C964	45	1	10				
UPDATE SEQUENCE NUMBER:					ADD NEW SEQUENCE:				
PF1-> HELP PF5->MENU PF7->PREV					PF8->NEXT				

To add an alert, on ZE55, Tab to ADD NEW SEQUENCE, enter Y, and press <GO> to access ZE53.

To view the details about a specific alert, **enter the appropriate sequence number** in the UPDATE SEQUENCE NUMBER field and **press <GO>**.

V. MONITORING ALERTS

FACETS does not automatically print a list of alerts due. As a result, **case managers should routinely monitor ZE52 to ensure cases receive prompt follow-up** (follow the above instructions for accessing ZE52). It is recommended that this be done daily or at least several times each week to determine the alerts due.

Review of alerts is critical since information on important eligibility changes will be shared with JOBS by alert rather than manually.

Supervisors should also closely monitor ZE52 to ensure case management activities remain current. This may require selecting a From Date and To Date in the past to ensure there are no past due alerts still on the system. The From and To Dates may be past, current or future dates. However, the To Date must always be equal to or greater than the From Date. Overdue alerts should be brought to the attention of the appropriate case manager.

Case managers and supervisors may optionally print a listing of alerts by caseload that are due (or past due). **Press <PF6>** to print the alert list currently selected on ZE52.

Alerts will appear on the Alert List Screen only if the **RESPONSE DUE DATE** falls within the parameters set in the FROM DATE and TO DATE fields on ZE52. For example, if the FROM DATE and TO DATE fields are 06011993 through 06301993, only those alerts with a RESPONSE DUE DATE that falls within the month of June 1993 would appear on the list.

VI. UPDATING AND DELETING ALERTS

Manual and semi-automated alerts must be manually cleared, updated, or deleted as appropriate. In the Alert Status field on ZE53 use **"C" to clear** an alert, **"R" to reset** the Response Due Date, or **"D" to delete** an alert. An alert may be deleted at any time **PRIOR TO THE ALERT DATE**.

After the Alert Date and before the Response Due Date, the alert may be cleared or reset. Updating the Alert status field with a "C" code and pressing <GO> will clear the alert. However, to reset the Response Due Date, enter an "R" in the Alert Status field, then backtab to the Response Due Date field and enter the appropriate date, then press <GO>.

After the Response Due date, the alert may only be cleared as stated above.

Automated alerts may be cleared only through ZD21 by updating the Participation Status and Status Date, by closing the case, or by resetting the alert. **Automated alerts may not be manually cleared on ZE53.**

All WATS alerts, except W475 and W250, are cleared by FACETS whenever a case is closed.

JOBS Program Policy Manual

Appendix B

Section 4

OBSOLETE

**SECTION 5
MANAGEMENT**

Section 5 includes information about the Certification and Management subsystem, including Name/SSN Inquiry, Program Participation, Providers, Referrals, WATS Caseload List, Lists of Clients By Employment Code, Worker Schedule, Schedule List by SSN, Tracking Client Correspondence, Changing the Client's Address, Changing a Client's Identifying Information, Changing Social Security Numbers, County Address Table, Miscellaneous Certification Screens Useful to JOBS Staff, and County to County Case Transfers.

1. NAME/SSN INQUIRY (ZC60)

Name/SSN Inquiry screens are available to case managers to locate an individual or social security number within FACETS. This procedure is useful in instances when an active participant does not have her social security number with her or you are unsure of the social security number under which the participant is listed. To access the NAME/SSN INQUIRY screen:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	6
Inquiry Menu (ZC07)	3

This brings up the Name/SSN Inquiry screen (ZC60).
Enter SSN or Name and press <GO>.

The time lag between registration of an individual on FACETS and the appearance of that name on ZC60 has been eliminated. ZC60 is updated immediately with new information. Immediate update also applies to changes in the information shown.

For a name-based inquiry, **the minimum entry is the first letter of the last name.** This particular inquiry displays all individuals known to FACETS starting from the entry name. You may page forward from page 1 of the display; you cannot page back from page 1. **If inquiry is based on an individual's SSN, only the individual will be displayed or a message will indicate that no record can be found at that time.**

For example, to locate the information on a JOBS client named Turtle, type the last name at INQUIRY NAME LAST and **press <GO>**. If the correct spelling of the last name is unknown, enter the first letter of the last name and press <GO>. A screen will appear with a listing of names beginning with "T". See ZC60 below.

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NOTE: The screen displays information from both Certification and WATS. If the individual has been open in both Certification and WATS, he will be listed twice.

```

MESSAGE:
ZC60                      F A C E T S                      05/28/92
TRANS:                     NAME/SSN INQUIRY                      07:26:16
INQUIRY NAME LAST: T      FIRST:                      MI:
OR SSN:                   PAGE: 01 MORE

SEQ  NAME                MEMBER      DOB    RACE      CASE      STAT
   LAST  FIRST MIDDLE  SSN                SEX CO  NUMBER  $  W
1.  TURNIP  JAMES B  123562356  05211974  B  M  29  232233323  O
2.  TURNIP  JAMES B  123562356  05211974  B  M  17  232233323  C
3.  TWOSHOES GOODIE W  369369369  02161959  W  F  11  528147258  O
4.  TWOSHOES GOODIE W  369369369  02161959  W  F  11  528147258  O

SELECT FOR PROGRAM PARTICIPATION INQUIRY
PF1->HELP  PF5->MENU  PF7->BACK  PF8->NEXT
  
```

The following status codes apply:

WATS Case Status

O Open
C Closed

Certification Case Status

O Open
D Denied
P Pending
S Suspended
Z Terminated

The Certification case status is shown under the \$, and the WATS status is under the W. The following examples are from the screen above:

County 29	James B. Turnip	Open FA case; no WATS case
County 17	James S. Turnip	Closed WATS case
County 11	Goodie W. Twoshoes	Open FA case; open WATS case

From ZC60, the user may go to either ZD62, the Family JOBS Participation screen or to ZC52, the (Financial Assistance) Program Participation screen. **To go to ZD62 from ZC60, tab to the SELECT FOR PROGRAM PARTICIPATION INQUIRY field, enter the desired sequence number for the line that has the O or C under W and press <GO>.** This will bring up the Family JOBS Participation screen (ZD62). If you enter a sequence # that has a code under the \$, the Program Participation screen (ZC52) will be displayed.

This inquiry is always based on the **case number** given on the line for the specified sequence. A county designation of "00" indicates that the individual was previously removed from an open eligibility case and that the member eligibility record is no longer associated with any benefit.

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II. (FINANCIAL ASSISTANCE) PROGRAM PARTICIPATION INQUIRY ZC52)

ZC52 may be reached from ZC60 as described above or from the menu as follows:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	6
Inquiry Menu (ZC07)	2

This brings up the Program Participation screen, ZC52. On ZC52 enter the SSN of the case you want to review and **press <GO>**.

ZC52 is a good summary of the family's information including all members in the case as well as the categories of eligibility such as Food Stamps (NA), Family Assistance (FA), and Medicaid (MA). It also shows whether each member is mandatory for JOBS and, if so, the Referral Status. The screen shows both the Eligibility and the WATS office and caseload codes as well as the next alert for each.

```

MESSAGE:
ZC52                                F A C E T S                                06/28/99
TRANS                                PROGRAM PARTICIPATION INQUIRY                09:18:53
PSD FILE NO          0                                PAGE 01
CASE SSN 419941969   NAME: DEBORAH L BRYANT                    QR CODE: Y
COUNTY 45  ELIG: OFFICE 1  CASELOAD 05  CASE STAT O  APPL DATE 03151999
                WATS: OFFICE 1  CASELOAD 05  EBT CASE NUMBER 0000025720
ADDRESS 500 HILLSBORO CIRCLE                                NEXT RECERT DUE
                                                OTHER ELIG ALERT      DUE
                                                NEXT WATS ALERT      DUE
NEW MARKET          AL 35761-8517                PHONE (256)518-9846
LAST ACTION         NA CA01 EFF 04011999          FA CCNO EFF 05011999
MEMBER'S           MEMBER'S  SUB-UNIT  PROG:  CAT/PART/STAT  WATS  IV-D
SSN                NAME      SSN      NA      FA      MA      R/ST  M/F
535353535 DAVID BROWN  535353535  IN O  F IN O  X IN O  M OP
252356565 JINNY BROWN  535353535  IN O  F IN O  X IN O  A OP
420420420 LARRY BROWN  535353535  IN O  F IN O  X IN O  E      R
419419419 CANDY BROWN  535353535  IN O  F IN O  X IN O  E

PF1->HELP PF4->ZD62  PF5->MENU  PF7->PREV  PF8->NEXT  PF9->ZC60  PF10->ZC51

```

After reviewing this case, **enter the SSN** of the next case to review and **press <GO>** or use one of the PF Keys to go elsewhere.

III. PROVIDERS

Purpose of Providers: Each county is responsible for entering information on its providers. **Providers must be on file before the case managers can perform certain assessment, financial or management functions.** For example, the Component Placement Add/Update screen (ZD23) cannot be completed properly, nor can case managers take advantage of the automated referrals. ZD25 pulls the address and/or phone number of the provider for inclusion in referrals and/or notices.

The Provider Screens are used to capture information on agencies and organizations that assist JOBS clients. The Provider Menu (ZD05) is accessed through the WATS Master Menu (ZD01). Providers may be accessed by name, category (service, program or component), the identification number of the provider or by the status of the provider.

All providers should be entered, including providers of component activities, supportive services, and other units within the county office. A provider who offers more than one service, program or component may be entered as two providers, or you may enter all services under one provider number. Examples of when you might want to enter the provider more than once include:

1. Provider has more than one physical location;
2. Provider has day and night programs;
3. There is more than one contact person, i. e., provides multiple types of service. Each contact person (or type of service) should be set up as a separate provider.

Adding and Updating Providers: Options 4, 5, 6, and 7 on the WATS Provider Menu (ZD05) require the parenthetical information to be entered before the screens can be accessed.

SCREEN

OPTION

FACETS Master Menu (ZC01)	4
WATS Master Menu (ZD01)	4

Press <GO> to bring up ZD05.

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```

ZD05
                                F A C E T S                                08/05/94
                                WATS PROVIDER MENU                        09:40:09
1  RETURN TO WATS MASTER MENU
2  PROVIDER ADD/UPDATE
3  PROVIDER ID INQUIRY
4  PROVIDER NAME INQUIRY (NAME)
5  PROVIDER LIST (STATUS)(CATEGORY)
6  CLIENTS SERVED BY PROVIDER (PROVIDER ID)
7  PROVIDER HISTORY INQUIRY (PROVIDER ID)
OPTION          STATUS   (A, I, B)
PROVIDER ID     CATEGORY
NAME
    
```

PROVIDER ADD/UPDATE (ZD45): Option 2 is used to add new providers to FACETS or to update information on providers already on the system.

If adding a new provider, press <GO> for the Provider Add/Update screen. FACETS will assign a unique Provider ID. **If updating an existing provider, enter the Provider's ID** in the PROVIDER ID field and **press <GO>**. FACETS will bring up ZD45 and display the Provider's existing information.

```

MESSAGE NEW PROVIDER NUMBER WILL BE ASSIGNED...ENTER DATA
ZD45                                F A C E T S                                06/07/97
TRANS          PROVIDER ADD/UPDATE                        08:50:03
PROVIDER ID 000005555  NAME ANYCITY CMA
ADDRESS: STREET1 103 FIFTH ST
          STREET2
          CITY ANYCITY  STATE AL  ZIP 36117-9867
CONTACT PERSON LARRY LUCKY
CONTACT PERSON PHONE (800) 222-2293
APPROVAL DATE 06071997          IS A W-9 REQUIRED FROM PROVIDER? N (Y/N)
TERMINATION DATE          IS A W-9 ON FILE FOR PROVIDER? N (Y/N)
RESPONSIBLE: COUNTY 99  OFFICE 1  CASELOAD 05
STATUS LISTING REQUESTED N (Y,N)
SERVICCES/COMPONENTS/PROGRAMS AVAILABLE  DAYC DACS

ENTER LOCAL NOTES ON LINES 1 - 5
(1) CMA PROVIDES DAY CARE REFERRALS FOR JOBS CLIENTS
(2) OFFICE HOURS ARE 8:00 TO 5:00 M-W-F
(3)
(4)
(5)
ENTER->UPDATE  PF1->HELP  PF5->MENU
    
```

To add a new provider, complete the NAME, ADDRESS, CONTACT PERSON'S NAME AND PHONE, APPROVAL DATE, RESPONSIBLE COUNTY, OFFICE, CASELOAD, and CATEGORIES OF AVAILABLE SERVICES.

Note: Status Listing Requested is not available.

APPROVAL DATE: Use the date the provider is added to FACETS.

IS W-9 REQUIRED AND ON FILE FOR PROVIDER? *The worker must determine if a W-9 is required to be kept on file for any provider or*

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vendor to whom payments will be made for services provided to our clients. Answer both questions yes or no, as applicable.

CATEGORIES OF AVAILABLE SERVICES: Enter up to four (4) component or service codes. Enter ? for help for this field. To add or delete a category of service, the provider must be closed and reopened. This allows FACETS to track which services were provided during a specific period of time.

Terminating a Provider: If a provider is no longer needed or used, it should be terminated. This is done by updating the TERMINATION DATE field on the Provider Add/Update screen (ZD45). Enter the specific termination date, for example, the date the provider's contract expires or the date the service becomes unavailable.

Reopening a Provider: Enter a new approval date later than the termination date. Review all information and update any that may have changed such as address, contact person or services provided. Enter the correct categories and add comments if needed. Termination date will return to blanks after <GO>.

PROVIDER ID INQUIRY (ZD46): Option 3 is used to inquire about a particular provider using the provider ID. If this option is chosen, an entry is required in the PROVIDER ID field. ZD46 contains the same information as ZD45 but cannot be updated or changed.

PROVIDER NAME INQUIRY (ZD47): Option 4 is used to inquire about a particular provider when the provider ID is unknown. This option requires an entry in the NAME field.

The Name Inquiry program will pull up all providers with the same name. (See example below.) Choose one of the options at the bottom of the screen to look at the information on a specific provider.

ZD47	F A C E T S			07/25/97	
TRANS	PROVIDER NAME INQUIRY			10:30:14	
	PAGE NUMBER	01	* MORE PAGES		
PROVIDER NAME BEVILL STATE COM COL					
SEQ	PROVIDER ID	PROVIDER NAME	APPROVAL DATE	TERMINATION DATE	COUNTY
1	824	BEVILL STATE COMMUNITY COLLEGE	10021991		64
2	1816	BEVILL STATE COMMUNITY COLLEGE	10011992		37
3	1978	BEVILL STATE COMM COLLEGE	12011992		54
4	2009	BEVILL STATE COMMUNITY COLLEGE	12011992		47
5	2162	BEVILL STATE COMM COLL	02111993		67
UPDATE SEQ # ADD NEW SEQ # INQUIRY SEQ #					
ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT					

When entering names it is helpful to follow one consistent way of entering the names. The following examples show several different ways of entering the same provider:

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1. J. C. Patterson Trade School
2. John Calhoun Patterson Trade School
3. Patterson Vocational/Trade School

PROVIDER LIST (STATUS) (CATEGORY) (ZD48): Option 5 may be used to pull up all open or closed providers in a specific county. Use one of the following status codes:

- A - Active component providers
- B - Both active and inactive component providers
- I - Inactive component providers

If status is left blank, active providers will be pulled.

To narrow the search for a specific category of providers, enter the 4 digit code such as GEDP on ZD05. If left blank, all categories will be shown. This allows you to pull up all providers for a county. Only one county may be pulled at a time. Once ZD48 is accessed, any county code can be entered.

```
MESSAGE
ZD48 * SIMULATION *      F A C E T S          09/15/03
TRANS          PROVIDER LIST BY COUNTY      13:07:35
                PAGE NUMBER 01 * MORE PAGES *

COUNTY CODE 37 STATUS A CATEGORY DAYC
                APPROVAL TERM
SEQ PROVIDER ID PROVIDER NAME  DATE  DATE  *** CATEGORIES ***
1  1711 CHILDCARE RESOURCES  08011992  DAYC DACS
2  3966 NO.BHAM-EVENSTART  01051996  DAYC EDUC HOME

UPDATE SEQ #   ADD NEW SEQ #   INQUIRE SEQ #

PF1->HELP PF2->ZD23 PF4->ZD25 PF5->MENU PF6->PRINT
PF7->PREV PF8->NEXT PF9->WATS REIM PF10->CLIENT REF PF11->ZD19
```

Select one of the options at the bottom of the screen to view the detailed information on the specific provider.

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CLIENTS SERVED BY PROVIDER (ZD49): Option 6 is used to view a list of the clients assigned to a particular component provider. (ZD48 will not pull up a list of clients by provider from the supportive services screen (ZD25). Option 6 requires an entry in the PROVIDER ID field.

```

MESSAGE: PLEASE ENTER DATA OR PRESS PFKEY.
ZD49          F A C E T S          09/15/03
TRANS: _____ CLIENTS SERVED BY PROVIDER          13:21:39
COUNTY: 37
PROVIDER ID: 000001711   STATUS: PLACED   PAGE: 01 * MORE PAGES *
                        WATS
SEQ  SSN      NAME          STATUS STATUS CURRENT WATS CASE
                        DATE  COUNTY OFFICE LOAD
  1  444444444 JUDY JONES          PL 06292003 37  1  04
  2  777777777 HENRY WHITE          PL 05172003 37  1  06

      PLACED _ OPEN _ CLOSED _ RECENTLY CLOSED _
PF1->HELP PF5->MENU PF6->PRINT PF7->PREV PF8->NEXT
  
```

This list can be used to provide information on all of the clients placed in a particular provider. *Enter an X at the bottom of the screen to select display options.*

- *Placed - The default when entering the screen. All clients with the provider ID and Component Status of PL on ZD23 are displayed.*
- *Open – All clients with an open Component Status on ZD23.*
- *Closed – All clients with closed Component Status regardless of the Component Status Date.*
- *Recently Closed – Displays all clients whose component has been closed within the current month or two months prior to the first of the current month.*
- *Open and Closed – All clients with open and closed Component Statuses.*
- *Open and Recently Closed – All clients with open Component Statuses and all clients whose component has recently closed.*

The list is sorted by county, office, caseload, last name and status date in reverse chronological order. See screen level help for further information.

PROVIDER HISTORY INQUIRY (ZD41): Option 7 is used to review authorization periods for each provider. Provider ID must be entered.

```

MESSAGE
ZD41          F A C E T S          07/25/97
TRANS          PROVIDER ID HISTORY          10:51:07
                        PAGE 01

COUNTY CODE 37 PROVIDER ID  950 NAME BREAD AND ROSES

      APPROVAL  TERMINATION          CATEGORIES OF SERVICE
SEQ  DATE      DATE
  1  03011997
  2  10291996   02281997          CEMP GEDP JOBR PREP
                        GEDP JOBR JSTR PREP

INQUIRE SEQ #

PF1->HELP PF5->MENU PF6->PRINT PF7->PREV PF8->NEXT PF9->RETURN
  
```

IV. REFERRALS

Another useful tool available through the Management subsystem is the Referral process. A Referral should be generated to the appropriate provider anytime there is a change affecting a client's participation, **i. e., beginning or ending a component activity.**

Referrals can also be used to communicate with other units within the office. **Referrals are printed locally and must be manually distributed by the case manager.**

NOTE: Although FACETS tracks all of the Supportive Service Referrals on ZE76, they should be generated on ZD25 so that all of the information is pulled correctly.

ACCESSING THE REFERRAL ADD/UPDATE SCREEN

Adding and updating referrals is done through the Management Add/Update Menu (ZE70) as follows:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	3
Management Add/Update (ZE70)	
OPTION	10
SSN	11111111
FROM DATE	06011993
TO DATE	06301993

This brings up the Referral List screen (ZE76) displayed below.

MESSAGE NO DATA AVAILABLE FOR DATE RANGE!						
ZE76	F A C E T S				06/03/93	
TRANS	CLIENT REFERRAL LIST				09:51:42	
						PAGE 01
SSN 11111111	NAME JANE P DOE	REFERRAL	FROM 06011993	TO 06301993		
	REFERRAL	REFERRAL			PROVIDER	
SEQ	COUNTY	OFFICE	CASELOAD	TYPE	DATE	ID
01	25	01	01	W850	06011993	000001111
UPDATE SEQUENCE NUMBER:			ADD NEW SEQUENCE:			
PF1->HELP PF5->MENU PF7->PREV			PF8->NEXT			

All referrals for this SSN will be shown for the period of time specified. This includes all referrals generated automatically on ZD25. This screen pulls the referrals based on the date range entered on the menu although either one or both of the dates may be changed on ZE76.

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At this point, the case manager has the option of adding a new referral or reviewing an existing referral. This process is the same as for other list screens. To add a new referral, tab to ADD NEW SEQUENCE, **enter Y** and **press <GO>**. To review an existing referral, **enter** the appropriate sequence number in the UPDATE SEQUENCE NUMBER field and **press <GO>**.

Either of these options will bring up the Client Referral Add/Update screen (ZE75).

MESSAGE ADDING A REFERRAL REQUEST			
ZE75	F A C E T S		06/03/93
TRANS	CLIENT REFERRAL ADD/UPDATE		09:51:54
			DELETE
SSN	111111111	NAME JANE P DOE	
REFERRAL TYPE	REFERRAL DATE	06031993	
REFERRING COUNTY	OFFICE	CASELOAD	WORKER
REFER TO PROVIDER ID	NAME		
OPTIONAL INFO:			
LINE1			
LINE2			
LINE3			
ENTER->UPDATE PF1->HELP PF5->MENU PF6->PRINT PF9->LIST PF10->ZD48			

REFERRAL TYPE: Enter ? to review the codes for this field.

REFERRAL DATE: The date the referral is entered on FACETS.

REFERRING COUNTY: Local county code.

OFFICE: Local office number (1 unless there are multiple offices).

CASELOAD: Caseload number for person entering the referral.

WORKER: SSN of the case manager entering the referral.

REFERRED TO PROVIDER ID: The **provider number** of the provider to whom the referral is to be sent, i. e., ABE contract provider, Childcare Management Agency (CMA), etc.

NAME: **Entry is made by FACETS based on the Provider ID # entered.**

OPTIONAL INFORMATION: Enter optional information as desired.

Referrals are printed locally when <GO> is pressed. **To print additional copies of the referral, press <PF6> while on ZE75.** <PF9> will return the user to the list screen (ZE76).

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```
MESSAGE CASE UPDATED, PLEASE ENTER NEXT CASE NUMBER
ZE59                                F A C E T S                                04/29/99
TRANS                                CASELOAD UPDATE                            14:23:49

CASE SSN 11111111 NAME JANE P DOE

COUNTY 45  ELIG OFFICE 1  ELIG CASELOAD 10
           WATS OFFICE 1  WATS CASELOAD 22

ASSIGN TO NEW ELIG OFFICE 1
ASSIGN TO NEW ELIG CASELOAD 15

ASSIGN TO NEW WATS OFFICE 1
ASSIGN TO NEW WATS CASELOAD 01

ENTER->UPDATE PF1->HELP PF4->ZE73(CERT) PF5->MENU PF9->ZE84(WATS)
```

To change the information for the Eligibility worker, **enter the new information** in the ASSIGN TO NEW ELIG OFFICE and ELIG CASELOAD fields on ZE59. To change the information for the JOBS worker, **enter the new information** in the ASSIGN TO NEW WATS OFFICE and WATS CASELOAD fields on ZE59. **Enter all information** if changing both. **Press <GO>** to update. **Press <PF4>** to go to the Eligibility Caseload List, **Press <PF9>** to go to the WATS Caseload List, or **enter a new SSN and press <GO>**.

OPTION TWO: Proceed directly to ZE59 from the Management Add/Update Menu as follows:

SCREEN

OPTION

FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	3
Management Add/Update Menu (ZE70)	

OPTION **4**
SSN **11111111**

On the menu, enter the **SSN for the client** who is to be changed to the new Office and/or Caseload.

Enter the new information in either or both of the ASSIGN TO NEW OFFICE and CASELOAD fields and **press <GO>** to update. The client will immediately show up on the new worker's caseload list.

If changes are needed to other cases, **tab to the CASE SSN field, enter the SSN** of the case to be changed, and **press <GO>**. Make the appropriate changes and **press <GO>** to update. Repeat these steps as needed, or **press one of the PF Keys**.

VI. LISTS OF CLIENTS BY EMPLOYMENT CODE

Data on the employment records/interests of clients may be accessed from the WATS Client Inquiry Menu (ZD04).

SCREEN

OPTION

FACETS Master Menu (ZC01)	4
WATS Master Menu (ZD01)	3
WATS Client Inquiry Menu (ZD04)	

OPTION:	6 (7 or 8)
OCCUPATION:	0201
OFFICE:	1 (Required for Option 7)
CASELOAD:	07 (Required for Option 7)

THREE OPTIONS ARE AVAILABLE:

Option 6 - Clients by Current Employment (ZD51). Lists all clients with a current employment record with the specified occupational code.

Option 7 - Clients by Previous Employment (ZD61). Because this list pulls up all previous employment records with the specified occupational code, the list will be quite long. You must return to the menu to change county, office and/or caseload.

Option 8 - Clients by Career Goal (ZD65). This screen lists all clients with the specified occupational code that matches the career goal on ZD12.

To pull up a list, select the desired option, enter the 4 digit Occupational Code and press <GO>. Option 7 requires that the office and caseload fields be completed. If county is not entered, FACETS will read the terminal county and pull up the information accordingly. If information on another county is desired, enter that county code. The list includes information on open FACETS cases only. PF6 is available on each screen to print the list locally.

This screen should be useful when an employer contacts the county office for the names of potential employees.

VII. WORKER SCHEDULE

Miscellaneous Information on Scheduling Appointments: The Worker Schedule screen, ZE72, should be used to send appointment letters to clients. Each WATS activity reason code is associated with a specific WATS appointment letter except for the Administrative codes.

 **ALL WATS notices begin with W. Certification notices begin with C.** 

The WATS Activity Reason codes associated with client notices that are currently available through FACETS are:

<u>CODE</u>	<u>TYPE OF INTERVIEW NOTICE</u>
WIAE	ASSESSMENT INTERVIEW FOR VOLUNTEERS
WIAM	ASSESSMENT INTERVIEW FOR MANDATORY CLIENTS
WIFE	FOLLOW-UP INTERVIEW FOR VOLUNTEERS
WIFM	FOLLOW-UP INTERVIEW FOR MANDATORY CLIENTS
WIGE	GROUP MEETING FOR VOLUNTEERS
WIGM	GROUP MEETING FOR MANDATORY CLIENTS

All scheduled appointments using one of the above codes require a client's SSN to be entered on ZE72.

Only one client or activity may be scheduled for a given time for a specific caseload. For group meetings, use the field for seconds to schedule multiple individuals for the same time slot, e.g., Job Readiness group. Example: Mary T. is scheduled for 10:00:00, Jane P. is scheduled for 10:00:01 and Bob B. is scheduled for 10:00:02.

A specific activity may be updated or deleted only if the notice has NOT been mailed. Once the notice has been sent, the SEND INTERVIEW LETTER field will be changed to "M" to reflect that the notice was mailed.

If entering a series of appointments/activities for the same worker (i.e., caseload) you may enter them sequentially on ZE72. However, to enter activities for a different caseload, always go back to the list screen and enter the new caseload number.

Other Activities: The Schedule Screen may be used to block out periods of time for administrative duties or scheduled leave in addition to sending JOBS interview notices.

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The following Administrative Codes should be used for non-client specific activities:

<u>CODE</u>	<u>ADMINISTRATIVE ACTIVITY</u>
WIAD	OTHER ADMINISTRATIVE DUTIES (E.G. STAFF MEETING)
WIAL	ABSENCE, ANNUAL LEAVE
WIML	ABSENCE, MILITARY LEAVE
WIOL	ABSENCE, OTHER LEAVE (E.G. JURY DUTY)
WISL	ABSENCE, SICK LEAVE
WITR	TRAINING

EXAMPLE: WIAD could be used to reflect a unit meeting on a specific time and date. This would prevent the worker from scheduling an assessment interview at the same time. Another use would be for a case manager to block out a day or a week when she will be on annual leave.

Do not enter a specific client's SSN when one of the Administrative Codes is used. Activities using the Administrative Codes may not be updated once entered, but must be deleted and reentered.

Using the Worker Schedule Screens: To add a new activity to FACETS, do the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	3
Management Add/Update (ZE70)	
	OPTION 03
	COUNTY 99
	OFFICE 1
	CASELOAD 01
	FROM DATE 06011999

⌘ HINT ⌘ When going to ZE71 to schedule a new appointment, enter the date of the appointment as the From Date on the Menu.

ZE71	F A C E T S	04/16/92
TRANS:	WORKER SCHEDULE LIST	13:14:12
COUNTY: 08 OFFICE: 1 CASELOAD: 22 DATE: 06011999 PAGE: 01		
BEGIN TIME	END TIME	CASE #/SSN SSN NAME ACTIVITY REASON
9:00	10:00	555555555 555555555 JOHN BROWN WIAM
UPDATE SEQ #: ADD NEW SEQ #:		
ENTER->SELECTION PF1->HELP PF5->MENU PF6->PRINT PF7->PREV PF8->NEXT		

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If desired, **press <PF6>** to print a listing of appointments or activities for a specified date. **If verification of the fact that a notice was sent is needed in the event of a hearing, the Client Correspondence List can be printed locally.**

This screen, ZE71, is also accessible through Option 4 of the Management Inquiry Menu (ZE69).

To add a new appointment or activity, tab to ADD NEW SEQ#, enter a Y, and press <GO>. This will bring up the Worker Schedule Add/Update screen (ZE72).

```
MESSAGE PLEASE UPDATE DATA
ZE72                F A C E T S                04/29/99
TRANS              WORKER SCHEDULE ADD/UPDATE    14:38:34
                                                    DELETE N (Y,N)

COUNTY 08 OFFICE 1 CASELOAD 22

ACTIVITY DATE 05211999 ACTIVITY REASON WIAM

ACTIVITY BEGIN TIME 10:00:00 (HH:MM:SS) END TIME 11:00 (HH:MM)

OPTIONAL INFO YOU ARE INVITED TO ATTEND A MONEY MANAGEMENT CLASS
                ON 5-21-99 AT 10:00 IN THE COUNTY OFFICE. FOR
                MORE INFORMATION CALL 222-1111.

ACTIVITY SSN 11111111 NAME JANE P DOE

SEND INTERVIEW LETTER: Y (Y,N,P) INTERVIEW LETTER AUTHORIZED BY 450000005

ENTER->UPDATE PF1->HELP PF4->ZD02 PF5->MENU PF9->LIST (ZE71) PF10->ZE89
```

ACTIVITY DATE: The date of the scheduled activity.

ACTIVITY REASON: Use ? to review the codes for this field.

ACTIVITY BEGIN TIME: The time the activity is scheduled to begin.

END TIME: The time the activity is scheduled to end.

OPTIONAL INFORMATION: Enter optional information as desired.

ACTIVITY SSN: For client appointments, enter the SSN of the client being scheduled for the activity. If an Administrative Code is being used, for example, WIAL (annual leave) do not make an entry in this field.

NAME: **Do NOT make an entry in this field.** FACETS automatically inserts this information if an SSN is entered in the ACTIVITY SSN field.

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SEND INTERVIEW LETTER: Users have three options in using the Worker Schedule:

- Print appointment letters locally;
- Have the letters printed and mailed from the state office; or
- Not mail the appointment letter at all.

The selection is made by entering the appropriate code in the "**Send Interview Letter**" field as follows:

Y - Generates a letter to the client. This option causes a letter to be printed and mailed out of the state office. If this option is chosen, **be sure to allow an additional five days for mailing.**

N - Does NOT generate the client a letter.

P - Generates a letter to the client, but **the letter is printed and mailed locally.**

INTERVIEW LETTER AUTHORIZED BY: Enter the SSN of the person scheduling the appointment.

Once the letter has been mailed, it cannot be deleted. One way to ensure accuracy is to press <GO> prior to entering the worker's SSN. This displays the client's name on the screen. Check the name and SSN to make sure it is the desired client and then enter the worker's number and press <GO>.

Note that <**PF10**> is available to go to ZE89 (Schedule List by SSN). See below for specific instructions regarding this screen.

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VIII. SCHEDULE LIST BY SSN (ZE89)

Users may view a list of appointments for a specific client by going to the Schedule List by SSN (ZE89) screen. This screen is available by pressing <PF10> from ZE72 (Worker Schedule Add/Update) as referenced above.

In addition, ZE89 is available from the Management Inquiry Menu as follows:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	2
Management Inquiry Menu (ZE69)	
OPTION	12
SSN	11111111
FROM DATE	01011993 (Optional)
TO DATE	07311993 (Optional)

Press <GO> to bring up ZE89.

MESSAGE: SELECT SEQUENCE NUMBER AND PRESS ENTER									
ZE89		F A C E T S				04/29/99			
TRANS:		SCHEDULE LIST BY SSN				14:37:25			
						PAGE: 01			
SSN	11111111	NAME	JANE P DOE						
FROM DATE	05211999	TO							
					ELIG			WATS	
					ELIG	CASE		WATS	CASE
SEQ	DATE	BEGIN TIME	END TIME	ACTIVITY REASON	COUNTY	OFFICE	LOAD	OFFICE	LOAD
1	05/21/1999	10:00:00	11:00	WIAM	45			1	22
2	05/31/1999	11:00:00	11:30	CING	45	1	10		
3	06/24/1999	10:00:00	12:00	WIFM	45			1	22
SEQUENCE NUMBER:									
ENTER->SELECTION PF1->HELP PF5->MENU PF7->PREV PF8->NEXT									

Note that the screen shows both the **Eligibility** and the **WATS** appointments.

To view or update a specific sequence number, **enter the desired number in the SEQUENCE NUMBER field and press <GO>**. This will bring up the Worker Schedule Add/Update screen (ZE72). Make changes as needed and then either **press <PF9>** to go to the Worker Schedule List (ZE71) or **press <PF10>** to return to ZE89.

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IX. TRACKING CLIENT CORRESPONDENCE (ZE54 and ZE32)

FACETS will track correspondence *sent in the last 24 months* on ZE54, the Client Correspondence List. The ID or Reason Activity Code will indicate the type of letter sent. **COPIES OF APPOINTMENT LETTERS THAT ARE TRACKED ON FACETS SHOULD NOT BE KEPT IN THE CASE RECORD.** If a letter is held by the case manager and not sent, nothing will be posted to the correspondence history file.

To view a correspondence list for a particular client, do the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	2
Management Inquiry Menu (ZE69)	
OPTION	03
SSN	11111111

This brings up a complete listing of all Eligibility and WATS correspondence sent to the specified participant. This list includes appointment letters, termination letters, and other alert notices mailed to the client.

```
MESSAGE PLEASE ENTER DATA OR PRESS PFKEY.
ZE54          F A C E T S          01/12/04
TRANS        CLIENT CORRESPONDENCE LIST      10:44:26

                PAGE 01

SSN 11111111      NAME JANE P DOE
                MORE HISTORY: Y
SEQ  DATE   CASE SSN  ID  DESCRIPTION  CAT
 1 12302003 11111111  CCHN  CHANGE NOTICE  F
 2 11172003 11111111  C500  CERTIFICATION ALERT  C
 3 05312003 11111111  CDTM  MLIF TRANSFER  X
 4 05302003 11111111  W730  WATS NOTICE
 5 05152003 11111111  C500  CERTIFICATION ALERT  C
 6 05092003 11111111  W730  WATS NOTICE
 7 04012003 11111111  WIAM  INTERVIEW NOTICE
 8 03312003 11111111  CCDE  CHANGE NOTICE  F
 9 03282003 11111111  AW02  AWARD NOTICE  F
PF1->HELP PF5->MENU PF7->PREV PF8->NEXT PF9->ZE32
```

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Correspondence older than 24 months will be archived each year in the month of January. Archived correspondence will be displayed on ZE32, Client Correspondence Additional List. If an SSN has correspondence history older than 24 months there will be a "Y" in the field "More History" on ZE54. PF9 on ZE54 will access ZE32. Otherwise ZE32 functions the same as ZE54.

MESSAGE PLEASE ENTER DATA OR PRESS PFKEY.						
ZE32		F A C E T S		01/12/04		
TRANS		CLIENT CORRESPONDENCE ADDITIONAL LIST			11:13:08	
PAGE 01						
SSN	111111111	NAME		JANE P DOE		
SEQ	DATE	CASE SSN	ID	DESCRIPTION	CAT	
1	11142000	111111111	WIAM	INTERVIEW NOTICE		
2	11092000	111111111	AW25	AWARD NOTICE	X	
3	11092000	111111111	AW25	AWARD NOTICE	X	
4	11092000	111111111	AW02	AWARD NOTICE	F	
5	10182000	111111111	CIAP	INTERVIEW NOTICE	C	
PF1->HELP PF5->MENU PF7->PREV PF8->NEXT						

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X. CHANGING CLIENT'S ADDRESS

The client's address is changed in several places on FACETS depending upon the status of the case and the client's referral program. When a new FA case is opened on Certification, the address is entered on ZC08. When the WATS case is opened through ZC18, the correct address is shown on ZD09. If the Case SSN exists on the FACETS Certification subsystem, all subsequent address changes for the case must be made on ZC19. When the case address is updated, the address for all WATS member SSNs connected to that case (with the same Eligibility Case Number) are updated. This applies regardless of whether the Certification and/or WATS cases are open, pending or closed.

To change the address on ZC19, do the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Master Menu (ZC02)	7
Demographic Update Menu (ZC84)	4

This brings up ZC19. Enter the SSN of the case head and **press <GO>** to bring up current information.

```

MESSAGE RECORD UPDATED
ZC19 F A C E T S 06/24/99
TRANS UPDATE MAILING ADDRESS/TELEPHONE 14:14:11

CASE SSN 110220330 NAME JANE DARLING SEND ALERT(C/W/B/N)?
COUNTY 48 OFFICE 1 CASELOAD 01 WORKER ID 481000000
DATE OF ACTION 06241999 APPLICATION DATE 06241999

MAILING ADDRESS?
STREET 1 202 ROBIN LANE ADDRESS CHANGE DATE
STREET 2 06241999
CITY ANYCITY
STATE AL ZIP 99999-0000
HOME PHONE NUMBER? (000)000-0000 WORK PHONE NUMBER? (000)000-0000
NUTRITION ASSISTANCE: MAIL ISSUANCE TYPE E PPI SITE 00
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU
    
```

Enter the new address information. Use the Send Alert field to notify the Eligibility and/or JOBS Worker and **press <GO>**. Depending on the code entered in Send Alert the following will occur:

- C Creates Alert C302 to the Eligibility Office and Caseload
- W Creates Alert W302 to the WATS Office and Caseload
- B Creates both C302 and W302
- N No alert is created

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[Note: This procedure is currently not available; you will be notified by memo when it is]. If the WATS case is closed and the case is not found on Certification, the address must be changed on ZD06. Use Type Action **C** on the WATS Assessment Menu. After FACETS determines that the case does not **exist** in the Certification subsystem, the user will be taken to ZD06 and allowed to change the address. No other changes to existing data are allowed. This process does not reopen the WATS case. Once the address has been changed, use **<PF5>** to return to the menu.

 NOTE: Remember to press **<GO>** before leaving ZD06 in order for the address change to be kept. 

All address changes for a Food Stamp E & T case must be made on ZD06 with the exception of cases in Counties 13, 42 and 45.

NOTE: When the Certification case is registered on ZC08 during the conversion of cases from PARS to FACETS, the address on all WATS cases with the same Eligibility Case Number are updated with the new address, if different, and the Address Change Date field is updated.

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XI. CHANGING A CLIENT'S IDENTIFYING INFORMATION

ZD09/ZD06 will not allow changes to be made to an FA client's identifying information, such as SSN, Name, Race, Sex, or DOB. Several screens are available from the Certification Menu (ZC02) to make these changes.

CHANGING NAME, RACE, SEX, OR DOB:

FA CASES: There should not be a routine need to manually change a client's name, race, sex, or DOB as this information is obtained directly from the Certification subsystem. This information should be changed by the Eligibility worker although changes can be made by Security Level 22 (JOBS Clerical).

FOOD STAMP E & T CASES: If IEVS and FACETS do not match, the easiest way to change the WATS data is to access ZD06 with a TYPE ACTION **R**. FACETS will **DISPLAY** the correct information from IEVS. After bringing over the correct information from IEVS, **the worker must press <GO> on ZD06** to keep the information. See Section Two for what to do if the information on IEVS is incorrect.

To correct the information on ZC82:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	7
Demographic Update Menu (ZC84)	3

ZC82	F A C E T S	05/04/99	
TRANS	NAME DOB RACE SEX CHANGE		16:32:23
SSN 11111111			
	CURRENT INFORMATION:	CHANGE INFORMATION:	
FIRST NAME	JANE TTE	JANE	
MIDDLE NAME	P	P	
LAST NAME	DOE	DOE	
DATE OF BIRTH	09201950		
RACE	W		
SEX	F		
ALERT (W/C/B/N)? B			
ENTER->UPDATE PF1->HELP PF5->MENU			

Enter the client's SSN and press <GO>. This displays the CURRENT INFORMATION. Make changes as desired under the CHANGE INFORMATION column and **press <GO> to update the information.** If DATE OF BIRTH, RACE, or SEX is incorrect, only the incorrect information needs to be entered under the CHANGE INFORMATION column. If, however, either the FIRST NAME, MIDDLE NAME, or LAST NAME is incorrect, the entire name must be entered, even if only part of the name is incorrect.

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XII. CHANGING SOCIAL SECURITY NUMBERS

Social Security Numbers are corrected in several different ways depending on whether the client is on WATS and Certification or just on WATS **and** if the client is listed under more than one number.

If the participant is **only** on WATS **and** is only in FACETS under **one** number, the number would need to be **CHANGED** to the correct SSN. This is true whether the incorrect number is a T# or an erroneous SSN. If the participant is listed on WATS in **2 or more** numbers, see the instructions for **MERGING** numbers below. Only individuals with the following Security Levels may change ZC81 and ZC82:

21, 22, 24, 25, 28, 32, and 35

If the participant is open on **both** Certification and WATS **and** is only open in **one** SSN, the Eligibility Unit should be notified that the number needs to be changed. Provide any available documentation of why the number should be changed. If the participant is open on **both** Certification and WATS **and** the participant is on FACETS in two numbers, see the instructions for merging the numbers below.

CHANGING FROM ONE NUMBER TO ANOTHER

In order to change a participant's Social Security Number, proceed as follows:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	7
Demographic Update Menu (ZC84)	2

```

MESSAGE  KEY OLD  SSN AND HIT ENTER
ZC81          F A C E T S          06/03/97
          SOCIAL SECURITY NUMBER (SSN) CHANGE  14:45:52

SSN:
NAME
LAST          FIRST          MIDDLE

ENTER SSN CORRECTION:
DATE
ENUM CODE          ALERT (W/C/B/N)? b
ENTER->UPDATE          PF1->HELP          PF2->COMMENTS          PF5->MENU
  
```

SSN: Enter the **T# or incorrect SSN** in this field. This is the number in which the client is currently listed on FACETS.

Press <GO>. This will bring up the participant's information in the NAME fields as it exists on FACETS at the time.

ENTER SSN CORRECTION: Enter the participant's **correct SSN**.

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DATE: Enter the current date.

ENUM CODE: **Enter the letter S.**

ALERT (W/C/B/N): Use code C in this field to generate alert C777 to the Eligibility Worker. Use code W in this field to generate alert W777 to the JOBS Worker. Use code B to generate an alert to both. Alert(s) will not be created if the corresponding case is closed or nonexistent. These alerts must be cleared manually on ZE53 by the worker(s).

Press <GO> to complete the change request.

Press <PF5> to return to the previous menu.

MERGING TWO SOCIAL SECURITY NUMBERS

Both the WATS and Certification Subsystems of FACETS have their own merge screens. If a participant is on WATS in two SSNs, **merge** the two records into a single record as follows:

<u>SCREEN</u>	<u>OPTION</u>
WATS Master Menu (ZD01)	3
WATS Inquiry Menu (ZD04)	5
WATS SSN/T-Number Merge Screen (ZD50)	5
SSN/T-Number	11111111

```

MESSAGE:
ZD50                                F A C E T S
                                     WATS SSN/T-NUMBER MERGE SCREEN

SSN/TNUM TO BE REMOVED FROM WATS    596587955
IS THIS A "RELATED MEMBER" FOR CHILD CARE PURPOSES? (Y/N  N
LAST NAME  FIRST  MIDDLE  RACE  SEX   DOB

DOE        JANE    P       B     F    06/20/1975

SSN/TNUM TO BE RETAINED IN WATS    11111111
IS THIS A "RELATED MEMBER" FOR CHILD CARE PURPOSES? (Y/N  N
LAST NAME  FIRST  MIDDLE  RACE  SEX   DOB

DOE        JANE    P       B     F    06/20/1975

SET CERT ALERT(S)? (Y/N)  Y
ENTER->EDIT  PF1->HELP  PF4-UPDATE  PF5-MENU
    
```

The following Security Levels may change ZD50: 22, 26, 27, 28, 29, and 35.

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SSN/TNUM TO BE REMOVED FROM WATS: Enter the erroneous SSN or T# in this field. **The WATS CASE FOR THIS SSN MUST BE CLOSED before the record can be merged.**

Press <GO> to bring up the participant's information in the NAME fields as it exists on FACETS.

SSN/TNUM TO BE RETAINED IN WATS: Enter the participant's correct SSN.

SET CERT ALERT?: Answer **Y** to generate alert **C431** to the Eligibility worker if the case is also open in Certification.

Press <GO> to begin the merge processing. The demographic data on the two cases will be compared. If all of the information matches exactly, the worker will be prompted to **press <PF4>** to complete the merge process. The message field on the top of the screen will indicate the progress as the merge takes place and give a message when the merge has been successful.

Press <PF5> to return to the menu when the merge is complete.

WARNING: Review the WATS case that will remain after the merge to ensure that the client's Current Address, Referral Program and Participation Status are correct.

Information on screens ZD11, ZD14, ZD16, ZD23, ZD25, ZD27, ZD29 and ZD58 from both cases will be combined. Review **ZD58** carefully after the merge to delete any conflicting or duplicate information.

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XIII. COUNTY ADDRESS TABLE

The return address for all notices sent automatically by the system uses the County Address Table on FACETS. Each county is responsible for keeping its address updated on Screen ZE64. Any time all or part of the address changes, ZE64 should be updated. Only individuals with a security level of 35 or 40 may update this screen.

UPDATING THE COUNTY ADDRESS ON FACETS

To change or correct all or part of the county's address, do the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	5
Management Master Menu (ZE51)	3
Management Add/Update (ZE70)	
OPTION	07
COUNTY	99
OFFICE	1

```

MESSAGE: PLEASE UPDATE DATA
ZE64
TRANS          F A C E T S                      06/26/99
                COUNTY ADDRESS/PHONE TABLE MAINTENANCE      10:50:03

COUNTY CODE  99      OFFICE CODE  1

COUNTY NAME  ANYWHERE      OFFICE NAME  DEPT OF HUMAN RESOURCES

COUNTY ADDRESS:  STREET1  P.O. BOX 434444444444
                  STREET2  233 ALWAYS RD
                  CITY     EVERYWHERE
                  STATE    AL
                  ZIP      31111-4444

PRIMARY PHONE    (205)536-0766    WATS PHONE    (205)536-0766

ELIGIBILITY PHONE (205)536-0766    CHILD SUPPORT PHONE (205)535-4500

CLAIMS PHONE     (205)536-0766

ENTER->UPDATE    PF1->HELP    PF5->MENU
    
```

Update all changed information and **press <GO>**. NOTE: The phone number used on the notices comes from the field, Eligibility Phone Number. If there is a different phone number and/or address for each program, a separate office number should be used. Example: the JOBS Unit has P.O. Box 1111 and the FA Unit has P.O. Box 2222. Use Office 1 for the JOBS Unit and Office 2 for the FA Unit. Up to nine different offices can be used.

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**XIV. MISCELLANEOUS CERTIFICATION SCREENS CONTAINING
INFORMATION USEFUL TO JOBS STAFF**

CASE MEMBER INQUIRY (ZC51)

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	6
Inquiry Menu (ZC07)	5

On ZC51, enter the Case SSN and <GO> to bring up the information.

ZC51 provides information on the amount of assistance, the gross income used to determine the amount of assistance, the rent amount, a standard utility allowance code and the resource amount. It is a summary of the current eligibility information.

After reviewing the information, enter another SSN and <GO>, use one of the PF keys or TRANS to another screen.

MESSAGE:									
ZC51	F A C E T S							07/06/99	
TRANS	CASE MEMBER INQUIRY							14:35:11	
CASE SSN	423232323	NAME	ELEPHINE SMITH					CASE STAT	O
COUNTY	45	OFFICE	1	CASELOAD	05	AUTH REP			
PAGE 01 * MORE PAGES *									
CURRENT ENTITLEMENT SUMMARY	CASE/UNIT NUMBER	CAT	AMOUNT	EFF DATE					
	423232323	C	597.00	03151999					
	423232323	F	252.00	03151999					
			.00						
			.00						
			.00						
			.00						
GROSS EARNED INCOME	.00	TOTAL UNEARNED INCOME	252.00						
RENT/MORTGAGE	.00	SUA Y							
MEMB SSN	E	MEMBER NAME	R	S	DOB	EARN	RSDI	SSI	OTHER
417111111	V	WILBERT SMITH	W	M	02201977	0	0	0	0
423232323	S	ELEPHINE SMITH	W	F	08261974	0	0	0	0
413413413	S	KARLA C SMITH	W	F	02261993	0	0	0	0
416161616	S	JONES ALEX SMITH	W	M	09101995	0	0	0	0
420202020	S	LERLINE SMITH	W	F	09221997	0	0	0	0
PF1->	HELP	PF5->	MENU	PF7->	PREV	PF8->	NEXT	PF9->	ZC60
								PF10->	ZC52

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MEMBER FA/MA PARTICIPATION INQUIRY (ZC61)

To review the Financial Assistance/Medicaid eligibility information on an individual enter the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	6
Inquiry Menu (ZC07)	4

On ZC61, enter SSN and press <GO> to bring up client information.

```

MESSAGE:
ZC61                      F A C E T S                      07/06/99
TRANS      MEMBER FA/MA PARTICIPATION INQUIRY          12:57:30
                                           PAGE: 01 * MORE*

SSN: 417417417      NAME: ERIC ADAMSON      SSI: NO
RACE: W      SEX: M      DATE OF BIRTH: 02201977      COUNTY: 45
UNIT SSN: 414414414      NAME: FRANK ADAMSON
CASE SSN: 414414414      NAME: FRANK ADAMSON
ADDRESS: 500 HILLS RD      NEW TOWN AL 3555-5555
FIN ASSIST  FA START  FA END  FA MEDICAID  MA START  MA END  MA  UNIT
CAT SIG DEP  DATE      DATE  ACT  CAT  SIG  DATE  DATE  ACT  SSN

F  IN      06011999      O  X  IN  03011999      O 414414414
F  IN      05311999      Z  X  IN  03011999      O 414414414
F  IN      04011999      O  X  IN  03011999      O 414414414
F  IN      04011999      O  X  IN  03011999      O 414414414
F  IN      03151999      E  X  IN                        P 414414414
F  IN      03151999      E  X  IN  03011999      O 414414414
F  DJ DS    03141995      Z                        414414414
F  DJ DS    05281993      O                        414414414
F  DJ DS    05281993      O                        414414414
F  DJ DS    05281993      O                        414414414
PF1-> HELP  PF5->MENU  PF7->PREV  PF8->FRWD  PF9->NAME/SSN  PF10->PGM PART
    
```

Note that * More * appears near the top of the screen. To access the additional information, press PF Key->8 to bring up the second page.

```

MESSAGE:
ZC61                      F A C E T S                      07/06/99
TRANS      MEMBER FA/MA PARTICIPATION INQUIRY          13:07:26
                                           PAGE: 02

SSN: 4174174171      NAME: ERIC ADAMSON      SSI: NO
RACE: W      SEX: M      DATE OF BIRTH: 02201977      COUNTY: 45
UNIT SSN: 414414414      NAME: FRANK ADAMSON
CASE SSN: 414414414      NAME: FRANK ADAMSON
ADDRESS: 500 HILLS RD      NEW TOWN AL 3555-5555
FIN ASSIST  FA START  FA END  FA MEDICAID  MA START  MA END  MA  UNIT
CAT SIG DEP  DATE      DATE  ACT  CAT  SIG  DATE  DATE  ACT  SSN

F  IN      06011999      O  X  IN  03011999      O 414414414
F  IN DS    05281993      O                        414414414
F  IN DS    05281993      O                        414414414
F  IN DS    05281993      O                        414414414
F  IN DS    05281993      O                        414414414
F  IN DS    05281993      P                        414414414
F  IN DS    05281993      O                        414414414
PF1-> HELP  PF5->MENU  PF7->PREV  PF8->FRWD  PF9->NAME/SSN  PF10->PGM PART
    
```

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MEMBER-TIME LIMITS/HARDSHIP (ZC94)

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Master Menu (ZC02)	3
Member Data Collection Menu (ZC04)	
OPTION	12
TYPE ACTION	C
Member SSN	888222999

ZC94 tracks each adult case member's time limit for receipt of monthly benefits in the FA program. After December 1, 1996, each member who is age 19 or older will automatically be assigned an adult status code and have one month subtracted from the 60-month limit. If the member is between 18 and 19, the eligibility worker will enter the correct code for the adult or child. The eligibility worker enters the information on the top portion of the screen. The bottom portion of the screen displays FACETS calculations.

```

ZC94                                F A C E T S                                02/03/98
TRANS                                MEMBER-TIME LIMITS/HARDSHIP                09:59:38

CASE HEAD'S SSN:  888222999          NAME:  JANE P. DOE
UNIT HEAD'S SSN:  888222999          NAME:  JANE P. DOE
MEMBER'S SSN:     888222999          NAME:  JANE P. DOE

      DOES MEMBER QUALIFY FOR HARDSHIP EXEMPTION:      N      (Y/N)
      IF YES; FOR WHAT REASON?
      VERIF SOURCE:                                DATE:
IS MEMBER AN ADULT OR CHILD BASED ON ASSISTANCE UNIT POLICY?: A  (A/C)

***** TIME LIMIT DATA *****

NUMBER OF MONTHS MEMBER IS ELIGIBLE FOR FA:           60

NUMBER OF MONTHS MEMBER HAS RECEIVED FA UNDER HARDSHIP EXEMPTION:  0

TOTAL NUMBER OF MONTHS OF RECEIPT:  0
ENTER->UPDATE          PFL->HELP          PF5->MENU
  
```

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ABSENT PARENT GOOD CAUSE LIST (ZC32)

To review the information on an individual enter the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	4
Absent Parent Menu (ZC05)	

Option 4 SSN 419419419

MESSAGE:							
ZC32	F A C E T S						07/06/99
TRANS:	ABSENT PARENT GOOD CAUSE LIST						12:55:15
CASE SSN...:	419941969	NAME...: DEBORAH L BRYANT				PAGE...: 01	
SEQ	MEMBER	MEMBER NAME		GOOD CAUSE			
NBR	SSN			REA	DATE	STATUS	DATE
1	419419419	DEBORAH L JONES		A	06211999	K	07011999
SELECT SEQ NBR FOR GOOD CAUSE UPDATE:				ADD GOOD CAUSE:			
ENTER->SELECT PF1->HELP PF2->COMMENTS PF5->MENU PF7-> PF8->NEXT							

CASE ABSENT PARENT INQUIRY (ZC53)

To review the absent parent information on children whose parent(s) have been referred to child support, enter the following:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Menu (ZC02)	4
Absent Parent Menu (ZC05)	

Option 2 SSN 419419419

This brings up ZC53 which shows the information on the absent parent(s).

MESSAGE:							
ZC53	F A C E T S						07/06/99
TRANS:	CASE ABSENT PARENT INQUIRY						12:49:35
CASE SSN:	419419419	NAME: DEBORAH L JONES					
CS UNIT SSN:		NAME:					
CHILD SSN:		NAME:					
						PAGE: 01	
CHILD	ABSENT PARENT		GD	CAUSE	CS	IV-D	
SSN	NAME	SSN	NAME	REA STA	UNIT	CODE	
417412222	KARLA L JONES	421181158	HOWARD JONES		419419419	R	
435656333	JONNY JONES	421181158	HOWARD JONES		419419419	R	
PF1->HELP PF5->MENU PF7->PREV PF8->NEXT PF9->RETURN-ABSNT PARNT IDENT							

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MEMBER SANCTION (ZC63)

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Master Menu (ZC02)	6
Inquiry Menu (ZC07)	8

Enter the SSN and press <GO>.

MESSAGE:			
ZC63	F A C E T S	07/03/99	
TRANS:	MEMBER SANCTION INQUIRY	13:56:33	
SSN: 555555555	NAME: DAVID DARLING	PAGE: 01	
SANCTION DATE	SANCTION CATEGORY	SANCTION PROGRAM	SANCTION CODE
04/01/1999	FA	JB	DJ
05/01/1999	FA	JB	DJ
PF1->HELP	PF5->MENU	PF7->BACK	PF8->NEXT PF9->DISQUALIFY (ZC47)

ZC62 shows each month of sanction and whether the individual was sanctioned for JOBS, Child Support or both. To see if the individual has been disqualified, press PF9 to go to ZC47 to review the disqualification history. To review the sanction information on another individual, **enter the new SSN and press <GO>**.

MEMBER DISQUALIFICATION (ZC47)

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	2
Certification Master Menu (ZC02)	6
Inquiry Menu (ZC07)	9

Enter the SSN and press <GO>.

MESSAGE:							
ZC47	F A C E T S						07/03/99
TRANS:	MEMBER DISQUALIFICATION INQUIRY						14:02:08
SSN: 411411411	NAME: TANGO L PARIS					PAGE: 01	
DAT E	CAT	PROG	CODE	SANCTION 1	SANCTION 2	SANCTION 3	SANCTION 4
02/14/1999	FA	JB	DJ	1998-10-15	1998-11-15	1999-01-15	1999-02-14
PF1->HELP	PF5->MENU	PF7->BACK	PF8->NEXT	PF9->SANC INQ			(ZC63)

**JOBS PROGRAM POLICY MANUAL
APPENDIX B**

MOTOR VEHICLES LIST (ZC72)

SCREEN

OPTION

FACETS Master Menu (ZC01) **2**
Certification Master Menu (ZC02) **3**
Member Data Collection Menu (ZC04)

OPTION 17
TYPE ACTION C
Member SSN 110220330

```
MESSAGE
ZC72                                F A C E T S                                03/14/95
                                      MOTOR VEHICLES LIST                        10:53:05
                                      PAGE 01
CASE SSN          110220330      ACTION          APPLICATION
MEMBERS SSN      110220330      NAME          JANE P DOE

DOES MEMBER OWN ANY MOTOR VEHICLE SUCH AS MOTOR CYCLES, CARS, TRUCKS, OR
MOTOR BOATS? IF SO ENTER "Y" FOR ADD VEHICLES; IF NOT ENTER "Y" IN BYPASS
VEHICLE UPDATE.
SEQ  MAKE          MODEL          YEAR          AMOUNT          FAIR MARKET
NBR                                     OF DEBT        VALUE
1    MAZDA         MIATA         1994         2000            15000

      SELECT VEHICLE      ADD VEHICLE      BYPASS VEHICLE UPDATE
ENTER->SELECTION PF1->HELP PF2->COMMENTS PF5->MENU PF7->PREV PF8->NEXT
```

ZC72 provides a list of vehicles for the member whose SSN was entered on the menu.

XV. COUNTY TO COUNTY CASE TRANSFERS

COUNTY TO COUNTY CASE TRANSFERS (ZE60)

*FACETS provides an automated means through ZE60 for the eligibility worker to transfer the Financial Assistance case from one county to another. When the eligibility worker updates ZE60 to transfer an FA case with an open WATS case, she will receive an error message on the screen and, if the Eligibility Office and Caseload are **not** the same as the WATS Office and Caseload, a separate alert W320 will be set for each family member with an open case in WATS.*

The JOBS case manager in the sending county should contact the JOBS program in the new county to alert them of the impending transfer. If the client is actively participating in JOBS, a plan of action should be developed to ensure that, whenever possible, there is no break in participation and supportive services. Close all components on ZD23 prior to closing the WATS case on ZD21 with Closure Reason TC (transfer to another county). Coordinate the End Date for the Supportive Services so that the client's expenses can be reimbursed by the sending county if there will be a delay in the transfer. The End Date for the Supportive Services may be after the WATS Case Closure Date. If the transfer will take place immediately close the Supportive Services in the sending county so that they may be authorized in the receiving county. Alert W320 must be manually cleared by the JOBS case manager.

Once the FA case has been transferred to the new county, the eligibility worker in the new county should go to ZC18. If the FA Referral Status has changed it should be updated at this time. The current (or transfer) date should be entered in the Referral Status Date field. This will print the FA Referral Status Form which should be sent to the JOBS Unit.

*Upon receipt of the FA Referral Status form, the JOBS staff should go to the WATS Assessment Add/Update Menu (ZD02), type Option 2, Action Type "A" and the SSN of the client shown on the referral form. **Do not enter a code for Referral Program.** This will take the worker to ZD09. Enter the WATS Office and Caseload Codes and press <Enter>. This will open the WATS case and set the W545 alert. Update other information as appropriate.*

SECTION VI

WATS REIMBURSEMENT

INTRODUCTION

All information concerning WATS warrants is tracked in the Financial subsystem of FACETS (Option 3 on the FACETS Master Menu). The WATS Reimbursement Request screen (Option 8) should be used to reimburse *and/or make an advance transportation expense payment to* a participant for expenses relating to participation in WATS activities. The WATS Reimbursement History inquiry screens (ZE13/ZE15) track the status of each warrant and provide a history of all warrants. Warrant status update screens for both county and state staff are provided to process returned, duplicate, replacement and mutilated warrants. If a recoupment amount is entered on ZE14, the Comprehensive Claims System will be read to determine if there is an outstanding claim balance. Reports generated by the WATS Reimbursement System will include batch reports for the State Comptroller and for the Treasurer, daily payroll and accounting reports and void lists.

Payments must be tracked after authorization for many reasons including:

- * Agency maintenance of warrants for fiscal reporting and accountability,
- * Participant reports lost, stolen, or mutilated warrant,
- * Participant never received warrant,
- * Post office returns warrant to the state office, or
- * County must issue a supplementary payment.

This chapter provides the procedures used for issuing and tracking warrants, recoupment procedures, securing a payment history, authorizing supplemental payments, and redirecting warrants returned to the State Office.

A warrant (commonly referred to as “check”) is the state instrument or document generated through the State Comptroller's Office which authorizes payment to the participant in the amount indicated. Each warrant generated through the State Comptroller's Office is assigned a 13-digit warrant number.

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APPENDIX B

```

MESSAGE
ZE14                                FACETS                                03/08/13
TRANS                                WATS REIMBURSEMENT REQUEST LIST    04:28:49
                                         DELETE N
CLIENT SSN: 42222222                NAME: FREE WILLY
WATS REF PROGRAM F                  ADDRESS: P O BOX 111
                                         MONTGOMERY AL 36111-1234
FROM DATE 02012013 TO DATE 02282013 PAY TYPE N
PAY TO C MAIL TO C PROVIDER ID
SERV AMOUNT RECOUP CHILD*S CHILD*S UNITS
TYPE AMT SSN NAME USED
DAYC 66.50 11111111 JUNIOR WILLY
TRAN 13.25
PART 21.58

AUTHORIZING WORKER 14000001 DATE ENTERED 03082013
** RECORD VALIDATION DATA **
TOTAL WARRANT AMOUNT .00 CO 00 OFFICE 0 CASELOAD
PAYEE NAME
MAIL TO

UPDATE SEQ LINE: ENTER NEW EXPENSE:
ENTER->UPDATE PF1->HELP PF5->MENU PF9->LIST PF10->ZD48 PF11->ZD24

```

On ZE14, enter the information from the 1707 *or* 2253 after verifying its accuracy. The participant's SSN appears on both the check and the check stub. The authorizing worker's ID (SSN) is retained for audit purposes. ZE14 shows the date the information was entered.

A warrant may cover expenses for up to one calendar month. A separate ZE14 must be done for each month. Reimbursement for all supportive services for one month should be included on the same warrant whenever possible. All children in one family for whom a day care payment is being made should be listed on the same ZE14, however each child must be entered individually in order to track the specific amount paid for that child but only one check will be issued. Up to 6 supportive services may be listed on one ZE14; a second warrant may need to be authorized if the participant is receiving more than 6 supportive services.

The "From" and "To" dates *must* be the same if the reimbursement is for a one-time payment such as a participation-related expense *or for an advance transportation payment*. The "PROVIDER ID" and the "UNITS USED" fields are no longer applicable.

Payments may be made for the following supportive services only: DACS, DAYC, GEDP, PART, CEMP, TRAN, CARR, IBEA, and SEAS. No reimbursement is available for COUN on FACETS. Pay Type must be entered for each type of warrant. Most warrants will be "N", regular payment. To allow an "N" payment, the WATS case status must be open and each supportive service must be authorized on ZD25 for service, child (if day care), referral program and authorization period.

Information including the total warrant amount will be entered in the RECORD VALIDATION DATA section after the worker presses enter and receives the message "WATS Reimbursement Record Added."

EDITS

A supportive service may be reimbursed by regular payment only once during a specific period of time. However, an additional or **supplemental** warrant may be issued for the same time period by using “S” in Pay Type.

To issue an advance payment of transportation expenses on ZE14, the From Date and To Date must be the date the payment is entered on FACETS (i.e., the current date) and the Pay Type must always be “S.”

If a participant initially claims a partial payment and later submits a reimbursement request for the remainder, the second warrant would have to be issued as a type S since the participant had already received a regular reimbursement for the calendar month.

Example 1: The participant submitted reimbursement of TRAN expenses for \$18.50 for the period March 1 – 31. In April, she realizes that she did not claim all of the miles that she drove in March. Since the dates of the initial payment covered the full month, a supplemental payment (type S) must be made to cover the difference.

Example 2: A participant requests reimbursement of \$21.00 on February 15 for work shoes for her new job. A warrant is issued on Feb. 15. Both the “From” and “To” Dates on ZE14 are February 15. On February 25, the participant brings in a receipt for a uniform for \$18.00. Since the total of these two items does not exceed the allowable SEA expense and the From/To dates do not cover a full month, another regular payment (Type N) is issued for \$18.00 with February 25 in both the From/To Dates.

Example 3: A participant enters a CEMP placement on February 14 and attends regularly. A warrant could be issued at the end of each week or one warrant could be issued for the two weeks she participated in February. Transportation expenses for a CEMP placement may be entered on ZE14 with the weekly CEMP payment or may be reimbursed once a month.

No payment (*alone or combined with other payments*) may be for more than the monthly limit for that supportive service, *including advance transportation payments*.

Only one warrant can be in pending status on ZE18 for the same supportive service for the same period of time. If this occurs enter all of the information on one warrant. Information only stays on ZE18/ZE14 until the warrant is issued at which point the warrant information will show on ZE13 and ZE15.

DETERMINING STATUS OF WARRANTS

Most questions about the status of warrants will be resolved by looking at the WATS reimbursement History Inquiry screens (ZE13 and ZE15). FACETS will track the current status of each warrant beginning with issuance and will be updated as the warrant status changes, either by SDHR or county staff. **THE DATE RANGE ON THE MENU MUST BE BROAD ENOUGH TO INCLUDE THE APPROXIMATE DATE THAT THE CHECK WAS ISSUED.**

To access ZE13:

<u>SCREEN</u>	<u>OPTION</u>
FACETS Master Menu (ZC01)	3
Financial Master Menu (ZE01)	
OPTION	07
SSN	422222222
FROM DATE	06012012
TO DATE	07052012

SINCE COUNTY EMPLOYEES HAVE ACCESS TO THE LATEST INFORMATION ON A WARRANT STATUS ON ZE13 AND ZE15 NO PARTICIPANT SHOULD BE REFERRED TO THE STATE OFFICE TO MAKE INQUIRY REGARDING THE STATUS OF A SPECIFIC WARRANT.

Each of the numbers in the 13-digit warrant number has a certain meaning as follows: AAFFFYNNNNNNN where

- AA = a two-character type of warrant code (OT, AD, MW),
- FFF = three-digit frequency (or sequence) code (000, 001, 002),
- Y = the terminal digit of the fiscal year, and
- NNNNNNN = a sequentially assigned 7-digit number

The original warrant will have the prefix “OT000”; the first duplicate associated with that original warrant will have the prefix “MW001.” If a second duplicate is required, it would be identified by the prefix “MW002.” A replacement warrant may be identified by the prefix “AD000.” Each warrant will be tracked separately on FACETS.

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The status of warrant 44444456 is CA which means that the warrant has been cashed. Warrant 44444489 shows IS which means that the warrant has been issued but not cashed. Use ZE13 to determine the warrant status.

MESSAGE										
ZE13										
F A C E T S										
07/15/12										
TRANS										
WATS REIMBURSEMENT HISTORY INQUIRY										
04:28:40										
PAGE: 01										
CLIENT	SSN:	422222222	BEGIN DATE		06012012	END DATE		10302012		
NAME: FREE WILLY										
SEQ	WARRANT	CHECK AMT	CO	PAY TYP	REF PRG	PAY FROM DATE	PAY TO DATE	ISSUE DATE	STAT	STATUS DATE
1	OT000 44444456	15.00	57	N	F	06012012	06302012	06302012	CA	07132012
2	OT000 44444489	150.00	57	N	F	07122012	07142012	07142012	IS	07142012
INQUIRY #										
PF1->HELP		PF5->MENU			PF6->PRINT		PF7->PREV		PF8->NEXT	

Enter the sequence number to go to ZE15 to see more detailed information such as the amount paid for each supportive service.

PROCESSING RETURNED WARRANTS

Although the majority of WATS warrants mailed will be received by the appropriate individual in a timely manner, there are instances when the warrant is never received or is lost, stolen or destroyed before it is endorsed and/or cashed. The case manager should assist the participant in resolving these problems.

A duplicate warrant is issued when a participant fails to receive the reimbursement because the “original” warrant was never received or was destroyed prior to being cashed. A duplicate warrant is issued by the State Comptroller’s office and carries the same fiscal year and 7-digit sequential number as the original warrant but has a different 5-digit prefix (MW001, MW002, etc.)

A replacement warrant is issued when the original warrant was cashed but the individual entitled to the reimbursement did not receive it. A replacement warrant begins with the prefix AD000.

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PROBLEMS WITH WARRANTS

The case manager will learn of a problem with a warrant through the daily down-line **OUTSTANDING RETURNED WARRANTS** report or from an individual reporting non-receipt of a warrant. All county authorizations for the remailing of warrants to new or old addresses, for authorizing duplicate warrants or for voiding warrants are made on **ZE23, WARRANT STATUS UPDATE, COUNTY**. Document all actions taken in the case record. Refer to the charts at the end of this section for specific steps to follow when a warrant needs to be re-mailed or reissued.

To access **ZE23**:

SCREEN

FACETS Master Menu (ZC01)
Financial Master Menu (ZE01)
Warrant Status Update, County

OPTION

3

OPTION

**WARRANT NUMBER
TYPE**

03

**OT000 XXXXXXXX (WARRANT #)*
W (FOR WATS)**

***Note:** OT000 already appears on the menu. To enter a regular warrant number, tab over this field and enter the last 8 digits of the warrant number. For a duplicate or replacement warrant, type in all 13 digits.

```

MESSAGE  PLEASE UPDATE DATA
ZE23                                FACETS                                10/30/12
TRANS                                WARRANT STATUS UPDATE, COUNTY    11:12:46
WARRANT NUMBER  OT000044444489    UPDATE STATUS
***** RECORD VERIFICATION DATA *****
WARRANT STATUS  IS                STATUS DATE  07/14/12    ISSUE DATE  07/14/12
COUNTY CODE   57                WARRANT AMOUNT 150.00
PAYEE NAME     FREE WILLY
ORIGINAL ADDRESS 1020 BOBWHITE LN    CURRENT ADDR  818 ROBIN ST
                APT 34-C
                PHENIX CITY
                AL 32400-3214    PHENIX CITY
                ADDRESS CHANGE DATE 07/15/12
ENTER->UPDATE  PF1->HELP    PF5->MENU
    
```

The **RECORD VERIFICATION DATA** section on **ZE23** will show the current name and address on **FACETS** as well as other identifying information.

WARRANTS RETURNED TO SDHR

If the warrant is returned to SDHR by the post office as undeliverable, the county will be notified by the down-line report. The county worker must update ZE23 to inform SDHR what action to take. SDHR will hold the warrant until the county updates ZE23. ALL ADDRESS CORRECTIONS MUST BE MADE BY THE PA WORKER PRIOR TO AUTHORIZING THAT A WARRANT BE REMAILED TO A NEW ADDRESS (CODE NA). Both the old and new addresses will be shown on ZE23. If the address is correct, use RE to re-mail the check to the old address.

If a participant cannot be located within 30 days, county staff should void the warrant by updating the status on ZE23 to VO. Although the participant remains eligible for the reimbursement, it must be reissued as a supplemental warrant when contact is made with the participant.

FACETS will generate a printout for the Finance Division the following day indicating disposition of the returned warrant along with a mailing label if the warrant is to be re-mailed. The disposition will also appear on the daily report received by the county.

LOST OR STOLEN WARRANTS

If the client reports that she/he did not receive the warrant, JOBS staff should check the current status of the warrant on ZE13. The action to be taken depends on the status of the warrant.

If the warrant has not been cashed (status of IS, NA or RE), county staff should complete the forms PSD-BFM-677 (Affidavit), and PSD-BFM-829 (Check Inquiry). (Refer to Appendix A for specific information on completing these forms.) 14 days after the issue date on ZE13, county staff should send the forms to SDHR: ATTN: Assistance Payments and Finance. Upon receipt of the forms, SDHR stops payment on the original warrant (status SP) and creates a duplicate warrant (status DT) with the same warrant number except the first 5 digits will be MW001 instead of OT000. The original warrant will be voided.

If the participant receives the original warrant before the duplicate warrant has been issued, the procedure may be cancelled and the original warrant authorized for use. However, if the duplicate warrant has already been issued, the original warrant cannot be cashed since it has been voided.

If the warrant has been cashed (status is CA), county staff should complete forms PSD-BFM-677 (Affidavit), and PSD-BFM-829 (Check Inquiry). (Refer to Appendix A for specific information on completing these forms). Make sure the client understands all of the items on the Affidavit before signing. Mail the forms immediately (it is not necessary to wait 14 days) to SDHR: ATTN: Assistance Payments and Finance. SDHR stops payment on the original warrant and arranges for a replacement warrant (status is RR). SDHR mails replacement check and photocopy of cashed warrant to county (status updated to PM by SDHR). Upon receipt, the photocopy should be shown to the client.

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If the client **acknowledges cashing the warrant**, update PSD-BFM-829, Part III and return it with the replacement warrant to SDHR: ATTN: Assistance Payments and Finance. Update status on ZE23 to DR. SDHR will void the replacement warrant (VO). **DO NOT RELEASE THE REPLACEMENT WARRANT TO THE CLIENT.**

If the client confirms it is not her signature on the cashed warrant, county staff should give the replacement warrant to her/him, complete Part III of the Check Inquiry, and return to SDHR: Assistance Payments and Finance. Update status on ZE23 to RI.

MUTILATED OR DESTROYED WARRANTS

If the **warrant was received but the condition of the warrant is such that it cannot be cashed** because it was torn, washed or otherwise mutilated, submit a request to SDHR asking that a manual copy of the original warrant be made. If the warrant has been torn into several pieces, it is recommended that the county attempt to reassemble the warrant prior to submitting it to SDHR.

County staff should complete forms PSD-BFM-677 (Affidavit), and PSD-BFM-829 (Check Inquiry) and send the forms with the mutilated warrant to SDHR: ATTN: Assistance Payments and Finance. (Refer to Appendix A for specific information on completing these forms.) If the warrant number is not clearly shown on the warrant pieces, the case manager with the client's help must determine which warrant is involved. SDHR updates the status to DT to authorize a new warrant and stop payment on the original warrant.

PARTICIPANT RETURNED WARRANTS

If a participant returns a warrant to the county office after receipt for any reason, send it to the Finance Division, ATTN: Assistance Payments and Finance, with a short explanation of why the warrant is being returned. Authorization to void the warrant will not be entered on FACETS by SDHR until 30 days after the warrant was issued. If the warrant was returned due to foreknowledge that the payment would be defined as an overpayment, complete PSD-OFD-818 (Overpayment Form) documenting that the warrant for the overpayment was returned. SDHR will void the warrant.

AUTHORIZING SPECIAL PAYMENTS

Certain circumstances require authorization of a "special" or supplemental warrant to correct underpayments, to supplement a reimbursement already issued, or to issue a regular warrant for current or prior months when these have been voided.

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On ZE14 use the appropriate code to issue a **special payment** as outlined below:

- S** if the WATS case is open,
- G** if the WATS case is closed,
- F** if the adjustment is due to a fair hearing (open or closed WATS case)

RECOUPMENT

Refer to Chapter 8, section 825 for policy on recouping a supportive service overpayment. The recoupment process is not automated. Therefore, the actions below must be taken for each warrant from which a recoupment is to be made.

Recoupment may be made on FACETS if there is an outstanding balance on the Comprehensive Claims System (CCS). Recoupment for a supportive service must be made from the same claims category as the one shown on the CCS: JOBS claims categories are based on the employment status of the JOBS client at the time the overpayment occurred and whether the overpayment occurred in childcare or other supportive services as follows:

- Y – JOBS employed expenses excluding child care
- Z – JOBS employed child care expenses
- V – JOBS unemployed expenses excluding childcare
- W – JOBS unemployed child care expenses

To recoup using FACETS, enter the recoupment amount on ZE14 beside the supportive service from which it will be recouped. A standard 10% may be entered, unless there is a participant repayment agreement allowing for more or the claims balance is less than the 10%. When a recoupment amount is entered, FACETS will read the Comprehensive Claims System to determine if there is an outstanding claims balance. If a balance is found, FACETS will proceed with the warrant. The warrant will reflect the total amount minus the recoupment. If a balance is not found, recoupment cannot be authorized on FACETS.

FACETS programming does not enter the amount recouped on the Comprehensive Claims System. This must be done by the Finance Officer or other designated county staff according to section 825.

PAYMENT TO PROVIDERS

Payments to providers, such as the GED testing site or a childcare provider must be paid from the county's Welfare Reform Initiative Funds (WRIF) according to policy in the Administrative Policies and Procedures Manual. No payment may be made to a provider using FACETS.

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FINANCIAL CODES

PAYMENT TYPES

- N** – REGULAR (NORMAL) PAYMENT
- F** – ADJUSTMENT DUE TO FAIR HEARING
- G** – SPECIAL PAYMENT ON CLOSED WATS CASE
- S** – SUPPLEMENTAL PAYMENT ON OPEN WATS CASE

WATS REIMBURSEMENT WARRANT CODES

- IS** – ISSUED
- CA** – CASHED
- SP** – STOP PAYMENT
- ZE** – ZERO WARRANT DUE TO RECOUPMENT

STATUS CODES IN REGARD TO WARRANT NONDELIVERY (ENTERED BY SDHR)

- | | |
|---|---|
| AU – ADDRESS UNKNOWN, NO SUCH ADDRESS | RF – REFUSED DELIVERY |
| CR – CLIENT RETURNED (AUTO VOID) | UC – UNCLAIMED |
| DC – ADDRESSEE DECEASED | UK – ATTEMPTED DELIVERY
ADDRESSEE UNKNOWN |
| IA – UNDELIVERABLE AS ADDRESSED | |
| MO – MOVED, NO SUCH FORWARDING ADDRESS | |
| NS – NO SUCH STREET/NUMBER | |
| OT – OTHER | |

RETURNED WARRANT DISPOSITION CODES (ENTERED BY COUNTY STAFF)

- | | |
|--|----------------------------------|
| VO – VOID | NA – REMAIL (NEW ADDRESS) |
| RE – REMAIL (NO ADDRESS CHANGE) | |

DUPLICATE WARRANT/REPLACEMENT WARRANT DISPOSITION CODES (ENTERED BY COUNTY STAFF)

- DR** – DISREGARD REQUEST, CLIENT ACKNOWLEDGES CASHING CHECK
- RI** – REPLACEMENT WARRANT RELEASED TO CLIENT

DUPLICATE/REPLACEMENT WARRANT REQUEST CODES (ENTERED BY SDHR)

- DT** – DUPLICATE REQUESTED FROM COMPTROLLER [STOP PAYMENT (SP) ON ORIGINAL WARRANT]
- PM** – PHOTOCOPY MAILED FOR COUNTY INVESTIGATION
- RR** – REPLACEMENT REQUESTED FROM RESPONSIBLE BANK

CATEGORY

- Y** – JOBS EMPLOYED EXPENSES EXCLUDING CHILD CARE
- Z** – JOBS EMPLOYED CHILD CARE EXPENSES
- V** – JOBS UNEMPLOYED EXPENSES EXCLUDING CHILD CARE
- W** – JOBS UNEMPLOYED CHILD CARE EXPENSES

Overview – Working Effectively with Individuals with Disabilities

This series of brochures on human resources practices and workplace accommodations for persons with disabilities was edited by Susanne M. Bruyère, Ph.D., CRC, SPHR, Director, Program on Employment and Disability, School of Industrial and Labor Relations - Extension Division, Cornell University. It has been updated by Sharon Davis, Ph.D. Director, Professional and Family Services, The Arc of the United States, from the original, which was written in January 1994 by Susanne M. Bruyère, Ph.D., C.R.C., Director, and Thomas P. Golden, Training Coordinator, Program on Employment and Disability, School of Industrial and Labor Relations, Cornell University.

Cornell University was funded in the early 1990's by the U.S. Department of Education National Institute on Disability and Rehabilitation Research as a National Materials Development Project on the employment provisions (Title I) of the ADA (Grant #H133D10155). These updates, and the development of new brochures, have been funded by Cornell's Program on Employment and Disability, the Pacific Disability and Business Technical Assistance Center, and other supporters.

Cornell University currently serves as the Northeast Disability and Business Technical Assistance Center. Cornell is also conducting employment policy and practices research, examining private and federal sector employer responses to disability civil rights legislation. This research has been funded by the U.S. Department of Education National Institute on Disability and Rehabilitation Research (Grant #H133A70005) and the Presidential Task Force on Employment of Adults with Disabilities.

Cornell is also conducting employment policy and practices research, examining private and federal sector employer responses to disability civil rights legislation. This research has been funded by the U.S. Department of Education National Institute on Disability and Rehabilitation Research (Grant #H133A70005) and the Presidential Task Force on Employment of Adults with Disabilities. The full text of this brochure, and others in this series can be found at: www.ilr.cornell.edu/ped/ada.

Research reports relating to employment practices and policies on disability civil rights legislation, are available at: www.ilr.cornell.edu/ped/. For further information, contact the Program on Employment and Disability, Cornell University, 102 ILR Extension, Ithaca, New York 14853-3901; 607/255-2906 (Voice), 607/255-2891 (TTY), or 607/255-2763 (Fax). More information is also available from the ADA Technical Assistance Program and Regional Disability and Business Technical Assistance Centers, (800) 949-4232 (voice/TTY), www.adata.org Disclaimer This material was produced by the program on Employment and Disability, School of Industrial and Labor Relations-Extension Division, Cornell University, and funded by a grant from the National Institute on Disability and Rehabilitation and Rehabilitation Research (grant #H133D10155).

The U.S. Equal Employment Opportunity Commission has reviewed it for accuracy. However, opinions about the Americans with Disabilities Act (ADA) expressed in this material are those of the author, and do not necessarily reflect the viewpoint of the Equal

Employment Opportunity Commission or the publisher. The Commission's interpretations of the ADA are reflected in its ADA regulations (29 CFR Part 1630), Technical Assistance Manual for Title I of the Act, and EEOC Enforcement Guidance. Cornell University is authorized by the National Institute on Disability and Rehabilitation Research (NIDRR) to provide information, materials, and technical assistance to individuals and entities that are covered by the Americans with Disabilities Act (ADA). However, you should be aware that NIDRR is not responsible for enforcement of the ADA. The information, materials, and/or technical assistance are intended solely as informal guidance, and are neither a determination of your legal rights or responsibilities under the Act, nor binding on any agency with enforcement responsibility under the ADA.

The Equal Employment Opportunity Commission has issued enforcement guidance, which provides additional clarification of various elements of the Title I provisions under the ADA. Copies of the guidance documents are available for viewing and downloading from the EEOC web site at: <http://www.eeoc.gov> Working Effectively With Persons Who Have Cognitive Disabilities October, 2000 CORNELL UNIVERSITY

The full text of this brochure, and others in this series, can be found at: www.ilr.cornell.edu/ped/ada. Research reports relating to employment practices and policies on disability civil rights legislation, are available at: www.ilr.cornell.edu/ped/.

This same information, in Spanish, as well as many other useful resources are available through the following website:

http://www.ilr.cornell.edu/ped/products.html?cat_id=2

For further information, contact the Program on Employment and Disability, Cornell University, 102 ILR Extension, Ithaca, New York 14853-3901; 607/255-2906 (Voice), 607/255-2891 (TTY), or 607/255-2763 (Fax).

More information is also available from the ADA Technical Assistance Program and Regional Disability and Business Technical Assistance Centers, (800) 949-4232 (voice/TTY), www.adata.org

WORKING EFFECTIVELY WITH INDIVIDUALS WITH DISABILITIES

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Section 1 - Pre-Employment Screening Considerations and the ADA

How Does the ADA Impact the Way in Which I Recruit Employees?

The Americans with Disabilities Act (ADA) is a federal statute that requires employers to focus on the ABILITIES of applicants rather than on their DISABILITIES. Title I of the ADA protects qualified individuals who have a disability, who have a record of disability or who are regarded as having a disability (whether they do or not) from discrimination in employment on the basis of disability. This includes the requirement that employers provide reasonable accommodation to qualified employees or applicants for employment except when the accommodation would cause an undue hardship. The ADA also prohibits discrimination against qualified individuals who have a relationship or association with a person with a known disability.

The ADA applies to all aspects of the employment relationship, including the recruitment and selection process. You should be aware of the ADA's impact on each of the following areas: * Advertising * Applications * Job Descriptions * Interviews * Testing * Medical Exams

How Can I Make Sure That Persons with Disabilities Know About the Job and Can Apply?

The recruitment process begins with letting people know that a job is available. There are a number of general steps that employers can take to help ensure that their advertising and application process are accessible to people with disabilities. While an employer is not obligated to provide written information in various formats in advance, the information should be made available in an accessible format on request.

Job information should be posted or advertised in locations that are accessible to persons with mobility disabilities. Similarly, large print on job notices posted at work sites or in employment offices may help a person with a visual disability to become aware of the job. A job advertisement should include a TTY (telecommunications device for the deaf) phone number (whether or not an address is also given).

If the advertisement indicates that the applicant should apply in person, employers should make sure that there is access for those with mobility disabilities, such as accessible parking spaces and ramps, and elevators if the interviews are not held on the first floor. If applicants are provided a table or desk, or are asked to use a computer, to fill out an application, these areas should also be accessible to an individual using a wheelchair. While the ADA does not require employers to affirmatively target individuals with disabilities, many employers choose to inform state agencies or private organizations that work with persons with disabilities about available job openings because it helps their company find qualified new employees.

How Do I Know if an Applicant Needs a Reasonable Accommodation for the Application and Hiring Process?

An employer may include information in the advertisement or on the application form inviting applicants with disabilities to notify them of any reasonable accommodations that they need for the application process. Individuals with certain disabilities may need assistance filling out a paper application or completing a computerized application that requires typing or information be read off the screen. An employer also may tell applicants what the hiring process involves (for example, interview, timed written test, or job demonstration) and may ask applicants whether they will need a reasonable accommodation for this process. If the disability is not obvious, the employer may require the applicant to provide reasonable documentation from an appropriate professional showing that the individual has a covered disability and needs an accommodation.

What Questions Can I Ask on the Job Application?

The purpose of a job application is to gather information on the skills, abilities, training, credentials, and references of the applicant and questions relating to any of these areas are permissible under the ADA. An employer may ask whether applicants can perform any or all job functions. If a disability is obvious or if the applicant indicates that s/he may be unable to perform a specific job function, the employer may ask whether the applicants can perform the job functions "with or without reasonable accommodation." An employer also may ask applicants whether they can meet the attendance requirements.

A job application should not contain disability-related questions that are likely to elicit information about a disability, including inquiries about prior or current illnesses, medication, medical treatment, disabilities, injuries, or workers' compensation claims. An application also should not ask whether an individual needs a reasonable accommodation to perform the functions of the job since the question by itself is likely to elicit information about disability.

Will I Have to Change My Job Descriptions?

Under the ADA, a person is considered a qualified individual with a disability if s/he meets all the educational and experience requirements for the position and can perform the essential functions of the job with or without reasonable accommodation. Although the ADA does not require an employer to have job descriptions, they can be used as evidence of the essential functions of the job. Be sure that your job descriptions are up-to-date and that they differentiate between the essential and the marginal job duties. Marginal functions are those which are not absolutely necessary for the job, although they might be convenient for the employer.

How Should I Interview Job Applicants?

The purpose of the interview is to meet the applicant and learn more about his/her education, credentials, skills and work experience in order to determine whether s/he can do the job. Questions about whether an applicant is an individual with a disability, or as to the nature or severity of such disability, are prohibited.

A good approach is to describe the job in detail so that the applicant has a reasonable understanding of what is expected, and then ask the applicant whether s/he can perform the job with or without reasonable accommodation. An employer can also ask applicants to describe or demonstrate how, with or without reasonable accommodation, they will be able to perform any or all job functions, as long as all applicants in the job category are asked to do this.

Any necessary reasonable accommodations requested by the individual for the interview (for example, an accessible location for a person with a mobility disability or a sign language interpreter for a deaf applicant) should be provided unless it would impose an undue hardship.

If an Applicant has an Obvious Disability, Can I Mention It?

If an employer could reasonably believe that an applicant will not be able to perform a job function because of either an obvious disability or a hidden disability that the person has voluntarily disclosed, the employer may ask that particular applicant to describe or demonstrate how s/he would perform the function. Similarly, if the employer reasonably believes that the person will need a reasonable accommodation to perform the job, either because the applicant has an obvious disability or because of voluntary disclosures by the applicant, the employer may ask whether s/he needs a reasonable accommodation and what type of accommodation would be needed.

Does the ADA Prohibit Job Testing?

No. The ADA only prohibits employment tests that screen out individuals on the basis of disability, when it cannot be shown that the test is job-related for the position in question and consistent with business necessity. The ADA's goal is to make sure that individuals with disabilities are not excluded from jobs that they can do. The ADA thus requires a close fit between selection criteria, including job tests, and the applicant's (or employee's) ability to do the job. Tests which measure aptitude, skills, physical fitness, the ability to do actual or simulated job tasks, and any other non- medical factors can be given to applicants at any time during the pre-employment process since such tests are not considered to be "medical examinations" under the ADA. You should make sure that any tests you use are designed to test the essential functions of the job and that they are accurate predictors of successful performance on the job. In addition, a job test relating to an essential function cannot be used to exclude an individual with disability if s/he can pass the test with a reasonable accommodation.

How Does Reasonable Accommodation Apply to Job Testing?

The reasonable accommodation requirement applies to testing. The ADA protects people with disabilities from being excluded from jobs that they actually can do because a disability prevents them from taking a test or negatively influences the results. The ADA requires that tests be given to people who have impaired sensory, speaking or manual skills (including the abilities to see, hear, and process information) in a manner that does not require the use of the impaired skill unless the test is designed to measure that skill. For example, a person with dyslexia should be given an opportunity to take a test orally unless reading is the skill being tested. Providing extra time to complete a test may be a reasonable accommodation as long as speed is not the skill being tested. In addition, an accessible test site for a mobility-impaired applicant would need to be provided upon request. As always, the employer need not provide an accommodation that will impose an undue hardship.

It is a good idea to inform applicants in advance about tests that will be administered so that they have an opportunity to request any needed accommodations ahead of time. Occasionally, an individual may not realize that s/he will need an accommodation until the test is given. For example, a person with a visual impairment who can usually read printed material finds that she cannot read the test because of an unusually low color contrast between the ink and the paper. In this situation, the employer could provide the test in a higher contrast format at that time, reschedule the test, or make any other effective accommodation that would not impose an undue hardship.

Are There Special Rules for Medical Examinations?

Yes. Medical examinations or disability-related questions such as a medical questionnaire are prohibited until after you have made a conditional job offer to the applicant. A medical exam is defined as a procedure or test that seeks information about an individual's physical or mental impairments or health.

Employment can be conditioned on the results of post-offer medical exams or disability-related questions. If medical exams or disability-related questions are required, they must be required of all entering employees in the same job category. You cannot require exams or make inquiries of some applicants and not others.

Can I Disclose Information from a Medical Examination?

All information obtained from post-offer medical examinations and inquiries must be collected and maintained on separate forms, in separate medical files and must be treated as a confidential medical record. Medical information must not be placed in an individual's personnel file.

The employer should take steps to guarantee the security of the employee's medical information, including:

- Keeping the information in a medical file in a separate, locked cabinet, apart from the location of personnel files; and
- Designating a specific person or persons to have access to the medical file.

Can I Share the Medical Information with Anyone?

An employer must keep medical information on applicants or employees confidential, with the following limited exceptions:

- Supervisors and managers may be told about necessary job restrictions and accommodations;
- First aid and safety personnel may be told if the disability might require emergency treatment;
- Government officials investigating the ADA must be given relevant information on request;
- Employers may give information to state workers' compensation offices, state second injury funds or workers' compensation insurance carriers in accordance with state workers' compensation laws; and
- Employers may use the information for insurance purposes.

Medical information may be given to and used by decision- makers involved in the hiring process so that they can make employment decisions consistent with the ADA. In addition, the employer can use the information to determine reason- able accommodations for the individual.

Is Drug Testing Prohibited?

The ADA neither requires nor prohibits drug testing. A test for the illegal use of drugs is not considered to be a medical examination and can be given prior to a job offer or at any other time. An individual currently engaging in the illegal use of drugs is not a protected individual under the ADA. The ADA considers a positive drug test to be indicative of current drug use.

Drug testing does not have to be related either to job duties or business necessity. If you are going to require drug tests of applicants, it is advisable to test all applicants, or all applicants for a certain job category. Also be sure that the procedures you use conform to applicable federal, state and local law.

What About Safety Concerns?

The ADA does not compel an employer to hire a person who would be a direct threat to the health and safety of others at the work site. Before you decide not to hire someone because you think s/he poses a direct threat, you must first determine that the individual poses a significant risk (i.e., a high probability) of substantial harm to the health and safety of others that cannot be reduced or eliminated by reasonable accommodation.

This determination must be based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job. The specific risk posed by the individual should be identified. The determination of whether an individual poses a direct threat should be based on the following factors:

1. The duration of the risk;
2. The nature and severity of the potential harm;
3. The likelihood that the potential harm will occur; and
4. The imminence of the potential harm.

Your assessment of a direct threat to health or safety must be based upon a reasonable judgment that relies on the most current medical knowledge and/or on the best objective evidence.

Resources

- ADA Regional Disability and Business Technical Assistance Center Hotline, (800) 949-4232 (voice/TTY).
- Job Accommodation Network, 918 Chestnut Ridge Road, Suite 1, Morgantown, WV 26506-6080, (800) ADA-WORK (voice/TTY).
- U.S. Equal Employment Opportunity Commission, 1801 L Street, NW, Washington, DC 20507, (800) 669-4000 (voice), (800) 800-3302 (TTY), or (800) 666-EEOC (publications).

Section 2 – Working Effectively with Individuals Who are Blind or Visually Impaired.

What is Blindness or Visual Impairment?

When we think of "blind," we think of total darkness. However, a person may be "legally blind" with either...

- 20/200 vision in both eyes with best correction, **or**
- A field of vision restricted to 200 or less.

A person whose best corrected vision is 20/70 to 20/200 is often referred to as "visually impaired" or having "low vision."

Some people are born with no vision or significantly reduced vision. Others lose vision due to accidents or the natural aging process, usually starting in the 40s. For some, vision loss is sudden, while for others it may be gradual. Some conditions, diabetes, for example, cause vision to fluctuate from day to day.

Many people who have lost significant levels of visual functioning take time out from their careers to learn alternative skills, which allow them to live and work independently.

If a person who is blind or visually impaired applies for a job in your company, the resume and application may indicate experience and skills.

What Types of Jobs Do people Who are Blind Do?

With appropriate training and equipment, people who are blind or visually impaired have the same range of abilities as anyone else. There are no "jobs for blind people." To broaden your thinking, consider that blind people have been successful as:

artists	mayors
auto mechanics	models
boat builders	musicians
computer	production workers
fashion	programmers
lawyers	teachers
machinists	word processing specialists

An employer's perception of inability is often the biggest limitation that visually-impaired and blind people face.

Accommodating the Person who is Blind or Visually Impaired During the Employee Selection Process

In the hiring process, an employer seeks to determine whether an applicant has the necessary skills, experience, education, or other background to successfully perform the

essential functions of the job. This is the same information all employers need about any applicant to help them make an effective hiring decision.

A visually-impaired or blind person who cannot see enough to read an application form may be discouraged from applying for a job, even if the job itself requires minimal vision. Ask the applicant how he or she would prefer to meet the requirements of the hiring process. For example, if you require applicants to complete an application form, ask the applicant which would be most convenient:

- Mail the application to the candidate who requests it
- Offer the walk-in applicant an opportunity to take the form, have someone help complete it, and return it by mail or in person
- Offer the services of someone in the office to assist in completing the form.

When you invite a person who is blind or visually impaired to an interview:

- Ask if he or she needs directions if someone is driving
- If the candidate is taking public transportation, indicate which stop is closest, then give directions from the stop.
- Offer assistance from the reception area to your office by asking, "Would you like to take my arm?" If the person needs to, he or she will lightly grasp your arm just above your elbow and will follow one step behind you. Don't insist on helping, and certainly, don't push the person ahead of you. If the person uses a dog guide, the dog will follow you. Do not pet or distract the dog.
- When you get to your office, ask if you may place the person's hand on the back of the chair you are offering. Do not push the person into a chair.

When a blind or visually impaired person is in your office: Be yourself. Use normal language. It's OK to say:

- "Do you see what I mean?"
- "Would you like to take a look at the work area?"
- "I hope to see you again."

Enhancing Productivity on the Job

Velcro fasteners on protective clothing, hand trucks, and word processors allow us to do things that would otherwise be difficult. These tools enhance our productivity by reasonably accommodating our humanness.

The Americans with Disabilities Act (ADA) asks us to "reasonably accommodate" the limitations imposed by a person's physical or mental disability. Reasonable accommodation is defined as the modification or adjustment of a job, employment practice, or the work environment that makes it possible for a qualified person with a disability to be employed. The employer needs to consider reasonable accommodation from the first contact with the person with the disability, during the application process, on the job, in training, on the work site, and when considering promotions and layoffs. If job duties change, new accommodations may need to be made. The ADA requires an employer to accommodate the individual with a disability unless doing so would cause an

undue hardship. If that cost is an undue burden, the employer may offer the person with the disability an opportunity to provide the accommodation or assist in finding resources to pay for it. If we think of accommodations as "productivity enhancements" similar to others in the workplace, they become part of the cost of doing business.

Types of Productivity Enhancers

The employer and employee should brainstorm and research equipment or job restructuring. The person who requests accommodation has lived, and perhaps worked, with the disability and may know what will enhance productivity most effectively. An assistive technology device is any item, piece of equipment, or product system, whether acquired commercially off-the-shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. Assistive technology services are any services that directly assist an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Low Tech Assistive Technology

Productivity enhancers do not have to be fancy or expensive.

- A dot of silicon on a knob, switch, or button permits a person to align controls on a machine.
- Wide felt-tip marker may make file folder labels readable.
- Braille labels on the soft drink machine gives the Braille user equal access to flavor choice.
- Different size strips of masking tape identify parts bins for production employees.

Consult with your employee who is blind or has low vision for other simple solutions.

High Tech Assistive Technology

Adaptive programs or hardware can be used to provide enlarged screen display, speech output, or Braille output. Prices may vary from state to state, and are subject to change.

- ***Optical scanners***, also known as "reading machines," scan printed material and "read it" into a computer or voice synthesizer. Some scanners require only adding a card and an external monitor to an existing computer system. Many of the newer scanners, connected to a computer, may require only a Universal Serial Bus (USB) connection. Prices for the scanner may range from \$250 to \$700. The specialized software, designed for use by a person who is blind, will cost about \$995. A stand alone OCR system without a monitor costs about \$2,900. Many offices already have this equipment.
- ***Screen enlargement programs*** use software to enlarge print on a computer screen from 2X to 16X. Using 17" to 21" monitors will also help employees who use these kinds of enlargement programs. ZoomText, the leading screen enlargement manufacturer, costs about \$595.

- **A *speech access system*** allows a person with a vision impairment to have voice output as a synthesized voice can read text that is on a computer monitor. Although some software that is mouse dependent or highly graphical can present problems, there are ways to address these problems. These programs give auditory feedback of menus, dialog boxes, text, and other messages commonly displayed in Windows. These programs typically cost between \$800 and \$1500, and the current state-of-the-art speech software (JAWS for Work Speech) costs about \$795. All speech output programs (screen readers and scanning & reading systems) use the computer sound card to produce the speech. No additional hardware is needed for speech output.
- **Braille output** uses a refreshable Braille device to display up to 80 characters of text. This corresponds to text on a single line on the monitor. The user can scroll from line to line and the Braille cells change to the new information. Braille displays typically cost between \$3,400 to \$15,000.
- **Braille documents** can be created using a Braille conversion program and a Braille embosser with special heavy Braille paper. The conversion programs typically cost about \$300 and the embossers average about \$3000.
- **A scanning and reading system** can be used to read printed material. Such a system uses a standard scanner to scan a page of text into the computer. There, the adaptive program converts the image into computer text and reads the information out loud. The scanned text can be saved for later reading. A computer-based scanning and reading system typically costs \$1000 to \$1500 for the program and \$200 to \$400 for the scanner.
- **Closed circuit television (CCTV) systems** use a modified motion camera to magnify printed material and display it on a 14" to 21" monitor. This device permits a person who has some usable vision to read memos and books and fill out forms. CCTV systems are often the best way for a person with some functional vision to read printed material visually. Black and white systems cost an average of \$2000. Color systems cost an average of \$2500. There are some systems that use a small, hand-held camera that can connect to a TV. These systems cost between \$500 and \$1000 but have some limitations because the person must hold the camera to use it. Also, if the person has a physical disability, s/he may not be able to use such a system.

All of these adaptive programs work on Windows 95/98 systems and most work on Windows NT & 2000 systems. Most commercial programs (e.g., Office 2000, Quicken, etc.) work in conjunction with the adaptive programs without problems. If a commercial program has audio output, there may be conflicts with the speech output programs.

When considering costs of accommodations, review the cost of the company's entire computer system overall, the "overall financial resources of the facility..." and the "overall financial resources of the covered entity...." before deciding that the equipment

needed to enhance a visually impaired worker's productivity is too expensive. Appropriately setting up any employee's workstation helps guarantee maximum productivity.

Tips for On-The-Job Training

Employees who are blind or visually impaired need the same introduction to a job and initial training as sighted colleagues. Provide orientation to the company and the job. Ask the employee whether he or she learns best from verbal instruction or a combination of hands-on, written, and verbal learning.

Allow the person to organize the work area for greatest efficiency, even if it means organizing it differently than in the past. You may find that the new design would make other employees more productive as well.

Make sure that the workstation is adequately equipped, and that the employee knows where to get replacement supplies. If an outside organization has provided equipment, determine who is responsible for ownership, upkeep, upgrading, or replacement of the equipment.

Performance Management

A supervisor's responsibility is to establish an atmosphere of quality and productivity. Appropriate on-going training is crucial. Assume that an employee who is blind or visually impaired has the same career aspirations as other employees and provide training, ensuring that materials are accessible to the person's visual limitations.

Supervise as you would for any other employee. Be sure that all employees understand performance expectations. Provide praise and constructive feedback. If a performance problem arises, deal with it openly. Do not automatically assume that it is disability-related. Do not avoid giving feedback. Employees who are blind or visually impaired, as all employees, want to know when they are performing well and when they need to do things differently. Occasionally, a supervisor will not provide feedback until a major problem arises, then dismiss the employee. No employee should be surprised with such actions!

Conduct performance appraisals, using the same criteria as with other employees. If a supervisor has provided feedback throughout the year, an annual performance appraisal should contain no surprises.

Periodically review any adaptive equipment to ensure that it is still working well and meeting the employee's needs. As technology evolves, prices and compatibility frequently change. Determine if it needs upgrading to keep the employee competitive. Consult with your local Vocational Rehabilitation Agency, Rehabilitation Center for the Blind, or rehabilitation service provider.

Training and Promotion

As an employee grows in the job, provide the same opportunities for learning and taking on new challenges as for other employees. If this means attending out-of-town training, speaking at professional conferences, or training new workers, encourage these activities. Check with the employee, to identify any needed accommodations.

Assist the person to plan the next steps in a successful career. Promote qualified people who are blind or visually impaired using the same criteria as promotion for others.

Resources

A number of resources can assist employers and people who are blind or visually impaired with job adaptation. For additional information, consult the following:

- ADA Regional Disability and Business Technical Assistance Center Hotline - (800)949-4232 (Voice/TTY).
- Equal Employment Opportunity Commission, 1801 L Street, NW, Washington, DC 20507, Technical Assistance - (800) 669-4000 (voice); (800) 800-3302 (TTY). Publications - (800) 666-EEOC. (Voice) 800-800-3302 (TTY).
- Services (or Commission) for the Blind (look in local telephone book under state agencies or vocational rehabilitation). Some of these agencies have technology centers where employers can view adaptive equipment.
- Vocational Rehabilitation Division (in states that do not have a separate agency for people who are blind).
- American Foundation for the Blind, National Technology Center, 11 Penn Plaza, Suite 300, New York, NY 10011, (212) 620-2080 (Mon-Fri, 8:30 AM - 4:30 PM). The Center has a database of 2,000 blind and visually impaired people who use adaptive equipment in various jobs. Employers are welcome to call for information. The Center also evaluates high-tech products.
- Job Accommodation Network (JAN). Call 1-800-526-7234. Employers talk with Human Factors Consultants about an individual with a disability (not limited to blindness or low vision). The consultant will search JAN's database for information related to the functional requirements of the job, the functional limitations of the employee, environmental factors, etc. The search will provide information about similar situations, names and addresses of appropriate resources.

Internet Resources

- Listing of State Vocational Rehabilitation Agencies Serving the Blind
<http://www.blind.msstate.edu/irr/ncsab.html>
- American Foundation for the Blind
<http://www.afb.org>

- Job Accommodation Network
<http://janweb.icdi.wvu.edu>
- Rehabilitation Research and Training Center on Blindness and Low Vision
(Mississippi State)
<http://www.blind.msstate.edu>

Employment Related Links

- <http://www.blind.msstate.edu/irr/employ.html>
- National Federation of the Blind
<http://www.nfb.org>
- American Council of the Blind
<http://www.acb.org>

Section 3 – Working Effectively with Individuals who are Hard of Hearing, Late-Deafened or Deaf

Who is Considered Hard of Hearing or Deaf?

Hearing loss ranks with arthritis, high blood pressure, and heart disease as one of the most common health conditions. While it is true that the prevalence of hearing loss increases with age, with one out of three individuals over the age of 65 having difficulty hearing, the majority of people with hearing loss (60%) are working-age adults (i.e., 21 to 65 years of age). Between 26 and 28 million Americans have difficulty hearing, or almost 10% of the US population.

There are several systems for classifying people who have difficulty hearing. One method is the audiological classification, which classifies an individual based on his/her degree of hearing loss (i.e., minimal, mild, moderate, moderate to severe, severe, and profound). While this classification system provides an objective account of the severity of a person's hearing loss, it does not provide information about the day-to-day functioning of the person.

Another system is based on a functional classification. In this classification system, people who have hearing loss fall into three main subgroups: (1) those who are hard of hearing; (2) those who are deaf and became so in adulthood; (3) and those who are born deaf or became deaf early in life. Although these three groups all share impaired or absent hearing, they are very different in many ways and have a variety of different characteristics, needs, desires, and ways of communicating.

A major problem with the functional classification system is that there is frequently an overlap between categories, with many individuals not fitting neatly into any one category. For example, there are individuals who were born profoundly deaf or acquired a profound hearing loss early in childhood but communicate using oral means rather than American Sign Language. In addition, an increasing number of individuals today have cochlear implants. When the implant device is turned off, they may be profoundly deaf; however, when the unit is turned on, they function as hard of hearing.

Hearing Loss and Understanding Speech

It is important to realize that **understanding speech is the key issue**, and that this is different from hearing other sounds. Many persons who can hear certain sounds, such as a door slamming or a car horn, are nevertheless unable to hear and understand speech, which is quieter and involves more complex patterns of sounds. Persons with hearing loss are often aware that someone is speaking, without necessarily being able to understand all of what is being said.

Moreover, the use of hearing aids does not "fix" a hearing loss in the same way that glasses "fix" a vision problem for most people. Hearing aids can often help to some degree, but they do not restore normal hearing in the way that glasses usually restore

normal 20/20 vision. This is because hearing loss is not just about loudness, but also about the clarity or understandability of what comes through, even with hearing aids or other devices. The experience of listening with a hearing loss has sometimes been compared to listening to a very fuzzy, "static-y" radio, or to listening to a cell phone conversation in an area of poor reception, where the speech sounds "break up" or fade in and out randomly and unpredictably. Of course, for some people, those who are born deaf or become deaf as adults, the radio has effectively been turned off or turned to a pure static channel.

Hearing Loss and the ADA

Title I of the ADA protects qualified individuals with disabilities from employment discrimination. Under the ADA, an individual with a disability is a person who has:

- A physical or mental impairment that substantially limits one or more major life activities;
- A record of such an impairment; or
- Is regarded as having such an impairment.

"Substantially limits" means that the person is unable to perform, or is significantly limited in the ability to perform, an activity compared to an average person in the general population. Major life activities include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Mitigating measures such as medication, medical equipment and coping mechanisms are considered in determining whether an impairment rises to the level of a disability. Hearing loss is a physical impairment that may substantially limit the major life activity of hearing, depending on the degree of severity and the effectiveness of mitigating measures. A minimal hearing loss or a more severe hearing loss that is largely corrected through the use of hearing aids probably would not rise to the level of an ADA disability. Whether an individual's hearing loss rises to the level of a disability under the ADA is always decided by examining the each individual's specific impairment.

In order to be protected under the ADA, the applicant or employee with a disability must also be qualified for the position held or desired. The ADA defines a qualified individual with a disability as a person with a disability who satisfies the requisite skill, experience, education, and other job-related requirements of the employment position and who, with or without reasonable accommodation, can perform the essential functions of the job.

Providing a necessary reasonable accommodation for an individual with a disability is considered a form of non- discrimination under the ADA. Reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity.

Reasonable accommodations for individuals with disabilities should be implemented, as necessary, in all phases of employment, including the selection process, training and orientation, performance of job tasks, meetings with co-workers and supervisors, career

advancement and planning, business social events, and eventual resignation and retirement. An employer is not required to provide a reasonable accommodation that would impose an undue hardship on the operation of the business. The concept of undue hardship includes any action that is unduly costly or disruptive.

Working with Persons Who Are Hard of Hearing

Persons who are hard of hearing represent roughly 26 million people, or about 93% of all people who have some hearing loss. The term "hard of hearing" refers to a hearing loss from 25 decibels (abbreviated "dB"), which is a mild loss, to about 90 dB (a severe loss). Although a hearing loss in the hard-of-hearing range can begin at any age, the majority of such losses begin in adulthood, often in a person's 30's and 40's. The percentage of people with hearing loss increases with age. Many such hearing losses are progressive, meaning that they may begin as a loss in the mild-to-moderate range, and become more severe as the years go by. Occasionally, a person's hearing ability drops suddenly, but more often the progression is slow and gradual, occurring over a period of years. Frequently, the person with a progressive hearing loss will not be aware initially of his or /her own hearing loss until it reaches a level at which communication difficulties become apparent. Often, it is family and friends who first begin to notice that something is not quite "right" based on the person's inappropriate responses - or failure to respond - in communication situations. It is partly for this reason that people with hearing loss wait an average of seven years before seeking help.

An individual with a hearing loss in the hard-of-hearing range usually communicates using a combination of strategies that rely on the person's remaining degree of hearing ability, perhaps enhanced by a hearing aid or an "assistive listening device" (discussed below), and supplemented by speech-reading (lip-reading) or other visual means as the loss moves more towards the severe end of the spectrum.

Hearing ability varies according to the situation: Something that is hard for most people to understand and appreciate is that, for persons who are hard of hearing, the ability to hear is very dependent on the specifics of the situation. A person who is hard of hearing may be able to communicate and understand very well in a one-to-one meeting in a quiet, well-lighted but glare-free room, and when rested and calm. The same person may have great difficulty understanding during a group meeting, when several people are talking, where there is background noise (e.g., air-conditioning or ventilation systems that are noisy), where there is glare or poor lighting, and/or when s/he is fatigued or stressed. Thus, an important factor in working with people who are hard of hearing is to determine how favorable the specific situation is for that individual, and what changes might improve the situation. For example, participants in a group meeting might be asked to speak only one at a time and to be sure the hard of hearing person knows who is speaking. Seating might be rearranged so the hard of hearing person is nearer to the speaker(s), and does not have to look at speakers who are back-lighted against a window or other source of glare. Inevitably, the person who is hard of hearing sometimes will miss something and will ask for a clarification. If a simple repetition does not work the first time, it is important to re-phrase the comment rather than to frustrate all involved

with multiple verbatim repetitions that still don't help. If all else fails, a quick written note may save the day. It is particularly disrespectful and often offensive to say, "Oh, it wasn't important," or "It doesn't really matter." The person who is hard of hearing wants and is entitled to be included in the conversation as much as anyone else. These are simple accommodations that can make a large difference in understanding for the person who is hard of hearing. In fact, many of these accommodations are potentially beneficial to all employees, not just those who are hard of hearing.

Speech-reading (lip-reading): On the one hand, speech-reading (often also called lip-reading) can be a valuable tool to assist a person who is hard of hearing or deaf to understand more of what is being said. On the other hand, there is a lot of "mythology" about this subject, which often implies that speech-reading can be an avenue to full understanding of a conversation, and that all persons with hearing loss are somehow automatically able to speech-read. Speech-reading is a skill that can be learned, but like all skills, there is great variability from person to person in how well they can learn or use that skill. One fundamental fact is that many speech sounds are made in the mouth or throat and are not at all visible externally (for example, "uh" or "k"). Another fundamental fact is that different sounds that are visible look the same on the lips (for example, "b" versus "p"). As a result, even a perfect speech-reader can actually "see" only about half of what is said. A person with excellent speech-reading skills can sometimes "fill in some of the blanks" by knowing the context of the situation or conversation, or because of general knowledge of the world (for example, in "the dog was ****ing loudly," chances are the missing word is "bark"). In general, while speech-reading can be a useful in some conversations, it cannot be relied on to carry the full weight of a conversation, either for the person with hearing loss or for that person's conversational partner(s).

Assistive listening devices: Certain accommodations involve various kinds of "assistive listening devices." A common example is an amplified telephone handset for a worker who is hard of hearing, but still able to use the telephone. Another example is a hearing-aid-compatible phone. Many hearing aids have what is known as a "telecoil" or "t-switch" that improves the ability to hear on the telephone - but only if the phone is designed to be compatible with hearing aids. Federal regulations have made almost all wire-line phones hearing aid compatible, but the situation is less consistent with cordless and cellular phones.

Individuals whose hearing loss is more severe, and who have difficulty using the telephone even with a "t-switch" or an amplified handset, may elect to use a text telephone (frequently referred to as a TTY or TDD). Such devices include a keyboard, like a computer or typewriter, and allow communication over the telephone lines with anyone else who also has a text telephone. To allow communication between persons who use a text telephone and those who do not have such a device, every state has a telephone relay system. Such systems provide an intermediate operator who transfers printed text to speech and vice versa in order to make a telephone conversation possible. Further information about these and similar systems, their availability, and (usually modest) cost can be obtained from the resources listed later in this brochure.

Other assistive listening devices, such as magnetic induction loops, FM systems, and infrared systems are designed to improve the ability to hear in group or audience situations. Some individuals who are hard of hearing may wish to use personal portable amplification devices, perhaps with a directional microphone. These are especially helpful when there is background noise or many speakers, such as in a restaurant or company lunchroom.

Working with Persons Who Became Deaf as Adults ("Late-Deafened"):

The term "deaf" generally refers to a hearing loss greater than 90 dB (profound hearing loss). Persons are generally considered "deaf" if they are unable to hear and understand speech (even with a hearing aid), and so must rely on vision for communication. Persons who become deaf in adulthood are often called "late-deafened" to distinguish them from persons who were born deaf or who became deaf early in life. Deafness beginning in adulthood is a low prevalence condition, believed to affect approximately 1.5 million persons in the US. Because of their dependence on the visual mode for communication, their situation is very different from that of persons who are hard of hearing.

Because they grew up as hearing persons and learned spoken English (or another native language) as children, persons who are late-deafened generally have easy-to-understand speech. They are also generally comfortable communicating via print, whether by writing notes, on a computer, or by captioning (more on this below). Some late-deafened persons also use a form of sign language that is closely based on English.

Although some late-deafened persons continue to use hearing aids to assist with environmental sounds or awareness that someone is speaking, by definition they are not generally able to hear and understand speech even with such assistance. Most late-deafened persons will therefore use a text telephone or TTY, will depend on speech-reading or lip-reading (though this is generally a very limited and unsatisfactory means of communication on its own), and will need some form of print or visual communication to interact with others. Because of their reliance on vision for communication, the points made above about proper lighting, avoidance of glare, and good sight lines become even more critical. For group or audience situations, there is an important service known as CART (Computer Assisted Real-Time Transcription). A CART-trained court reporter uses a stenotype machine (like that used to record proceedings in the law courts) connected to a laptop computer and a projector. As each speaker speaks, the CART operator keyboards what is being said, the computer translates the keystrokes into printed words, and the projector projects the resulting text onto a screen that can be seen by the late-deafened person. With a skilled operator, this system provides essentially real-time access to a spoken conversation for the person who is late-deafened.

Working with Persons Who Became Deaf Early in Life:

If a person is born deaf, or becomes deaf very early in life before learning to speak fluently (before about age three), the impact of the deafness on language and speech is much more profound than if the loss occurs later in life. Children learn to speak a native

language by hearing others speak it, and by hearing their own voice as they learn to produce the words and phrases of that language during the first years of life. If deafness intervenes at this early stage, the individual never learns what the language sounds like, as spoken by others or by themselves. As a result, despite average or above average intelligence, the individual may never fully master the language the way a native speaker does, either in spoken communication or in reading and writing the language. This set of facts determines the communication needs and preferences of persons with early onset deafness. Written notes and company memos are often expressed in a level of English that is easy and natural for native English speakers, but that can be very difficult for persons who are born deaf (and for other non-native speakers of the language).

In the United States, persons who are born deaf or lose their hearing at an early age generally prefer to communicate using American Sign Language (ASL). Those persons who use ASL and become members of the community of persons who are deaf are now commonly referred to as "Deaf" (with a capital "D"). There are also some individuals who have been born deaf, but who do not know sign language, and who communicate using oral means (speaking and speech-reading). When communicating at work with an individual who is Deaf and relies on ASL to communicate, it is often appropriate to employ the assistance of a professional sign language interpreter. Other appropriate measures include providing note-takers (one cannot use vision to watch a speaker or sign language interpreter and simultaneously use vision to write notes), providing basic sign language classes for hearing co-workers and supervisors, and ensuring that written company documents are understood by the Deaf person whose command of English may not be equivalent to that of a native speaker.

On-the-job needs for anyone who is hard of hearing, late deafened, or Deaf:

On the job, the key issue is to determine the communication needs and preferences of the person who is hard of hearing, late-deafened, or Deaf, and then to provide the necessary communication assistance. As discussed above, communication assistance may involve technological devices and/or communication supportive services such as interpreters or CART operators. Whether communication assistance is provided as a reasonable accommodation required under the ADA or whether an employer voluntarily provides an accommodation in order to help an employee with a minimal degree of hearing loss perform at his/her full potential, the employer is engaging in good business practices. Human resources policies that maximize every person's potential and keep valued employees in the workforce contribute to a company's success.

What Type of Jobs Are Held By Persons Who Are Hard of Hearing, Late-Deafened, or Deaf?

Persons who are hard of hearing, late-deafened, or Deaf can perform the majority of jobs available. However, factors that create communication barriers can limit their participation or success in the workplace. These factors include physical and environmental barriers such as noise, light and glare levels within a room, and distance from the speaker. Attitudinal barriers can also limit the job participation or success of

persons who are hard of hearing, late-deafened, or Deaf. Such barriers include stereotyping, ignorance, and a focus on disabilities (limitations) rather than abilities (strengths).

With few exceptions, persons who are hard of hearing, late-deafened, or Deaf, when given appropriate training and accommodations, have the same range of job options as any other person. There are indeed no jobs that are just for persons who are hard of hearing, late-deafened, or Deaf. They are employed in as diverse a range of jobs as are people who hear. In recent years, several have been successful in high profile jobs that require excellent communication skills, including screen actors (Marlee Matlin) and President of the United States (Ronald Reagan and Bill Clinton). Given their capabilities and the provision of appropriate communication accommodations, persons with hearing losses can be productive employees in most any job. Persons who are hard of hearing, late-deafened, or Deaf have been successful as architects, artists, computer programmers, managers, entrepreneurs, physicians, psychologists, lawyers, teachers, telecommunications technicians, and judges, as well as many other positions.

Success on the job depends largely on the skills and attitudes of the worker, as well as on the willingness and ability of the employer to identify and resolve communication barriers encountered in the workplace. Appropriate accommodations can be implemented in all phases of employment, from participation in the selection process to training and advancement. Once an employer learns that an applicant or an employee is hard of hearing, late-deafened, or Deaf and in need of an accommodation, the employer needs to be aware of its potential obligations under the Americans with Disabilities Act, as well as the benefits of keeping all of its employees performing productively.

Accommodating the Person Who is Hard of Hearing, Late-Deafened, or Deaf During the Employee Selection Process

During the selection process, employers must determine if the hard of hearing, late-deafened, or Deaf person is capable of performing the essential functions of the job. It is critical to obtain an accurate picture of the applicant and his/her background, skills, and abilities to do the job. Typically, this process involves two steps: screening written job applications and interviewing prospective applicants.

Some applicants who are Deaf may have difficulty in reading and comprehending written applications, especially those that are heavily loaded with complicated English phrases or unfamiliar terms (note that this is not likely to be a problem with persons who are hard of hearing or late-deafened). Appropriate accommodations in this case may include such strategies as allowing the person to take an application and obtain their own assistance in filling it out, allowing more time for completion, or providing a sign language interpreter. When an applicant notifies you about their hearing loss, the simplest strategy is to ask the applicant what appropriate accommodations are needed.

Accommodations may also be required during selection interviews. At a minimum, interviewers should be sensitive to the range of communication abilities of persons who

are hard of hearing, late-deafened, or Deaf. Simple accommodations may include conducting the interview in a quiet, well-lit environment with minimal visual or auditory distractions. The interviewer must be willing to use the interviewee's assistive listening device (such as a portable microphone), if one is used. Talk at a normal pace and at a normal volume. If asked, be willing to converse at a different pace or volume, or to try other strategies like note-writing. If asked to repeat a question or comment, do so. If the interviewee asks for a second repetition, it is usually not helpful to repeat the exact same words or phrases yet again; instead, rephrase the question or comment in other words. Avoid sitting in front of bright lights, windows, or other sources of glare, which make it difficult to see the face and thus to speech-read.

If requested, use an effective professional sign language interpreter or CART operator. When using either of these services, speak directly to the applicant, not to the interpreter or CART operator. The role of the interpreter or CART operator is to facilitate communication, not to explain or to participate in the interview. All information shared in the interview is confidential, and will not be disclosed by the interpreter or CART operator to other parties. Referrals for professional sign language interpreters or CART operators may be obtained from public or private agencies such as the local office of the state Vocational Rehabilitation department, the state commission for persons who are deaf or hard of hearing (if there is one), or by consulting the telephone directory (under "Translators and Interpreters," "Transcribing Services," or "Reporters - Court").

If group interviews are conducted, it is very important that only one person speaks at a time. Be sure the person who is hard of hearing, late-deafened, or Deaf knows who is about to speak before that individual begins speaking. The goal in a job selection interview is to obtain an accurate picture of the person's skills, experiences, and capabilities to do the job. The interviewer should be alert for communication difficulties and take steps to address any that might arise so that important information about the applicant is not obscured or completely missed.

Enhancing Productivity on the Job

Research has also documented that employers frequently rate persons who are hard of hearing, late-deafened, or Deaf as better or about the same as hearing co-workers in task performance (e.g., quality/quantity of output, attendance, safety, working without supervision). Workers give themselves similar ratings. However, both groups prioritized the following factors as critical to job retention and advancement:

- Access to periodic training to upgrade skills
- Access to staff meetings and small group meetings
- Reassignment of job duties if necessary to accommodate the hearing loss
- Use of interpreters or CART operators
- Availability of amplified telephone handsets/headsets and/or text telephones (TTY or TDD) and other assistive listening devices (ALDs)
- Rearranging rooms to insure good visual communication and to minimize conflicting noise

On-the-Job Accommodations to Enhance Communication

Enhancing the performance of the employee who is hard of hearing, late-deafened, or Deaf does not necessarily have to be expensive or require a great deal of equipment. In many instances, communication accommodations may be useful to all employees, not just those who have a hearing loss. The first step is to identify the communication situations in which the employee with a hearing loss is experiencing difficulty. The responsibility to improve the situation and minimize communication barriers in these situations is equally shared by all persons in the workplace, that is, those who are hearing, hard of hearing, late-deafened, and/or Deaf. The following are examples of accommodations that can facilitate communication in a variety of situations.

Face to Face Situations

- Ensure that the office and/or work environment is adequately lighted and without glare that could impede communication
- Consider moving the worker to a quieter environment if environmental noise interferes with communication
- Arrange the office or work station in such a way that the worker can readily see when someone is entering their office or workplace (i.e., no reliance on hearing someone coming up from behind)
- Use assistive listening devices when needed
- Use interpreters (oral and/or sign language) and CART operators when needed
- Be aware of, and modify, your personal habits that may serve as barriers to comfortable speech-reading. Examples include placing your hands in front of your mouth, chewing while talking, not facing the employee, or wearing a mustache or beard that obscures the lips
- Encourage co-workers and supervisors to become aware of and comfortable with equipment such as text telephones and assistive listening devices, and to learn sign language through employer-sponsored training classes

Interactive Distance Communication Situations

- Ensure the avail-ability of text telephones (also known as TTYs or TDDs), telephone and other amplifying devices, or other appropriate assistive listening devices (ALDs) to help facilitate communication among employees and/or with customers
- Use your state's Telecommunication Relay Services, where an inter-mediate operator receives verbal information and types it to the person using a text telephone, or vice versa. The "800" toll-free phone numbers for these services are listed in local phone directories.
- Consider e-mail and FAX as an alternative for intra- and inter-office communication, and communication with customers
- Provide visual or tactile pagers for communication, instructions, and as an alerting system
- Share company in-formation via computer networks
- Use computers (especially laptops) for note-taking

- Provide visual as well as auditory alerting devices on telephones and fire alarm systems

Group Situations

- Ensure that all rooms used for meetings or training sessions are adequately lighted and without glare
- Utilize assistive listening devices such as FM transmitters/ receivers, infra-red systems, magnetic induction loop systems (for users of hearing aids that have telecoils or "T-switches"), and/or closed- captioning decoders on TVs used in meeting and training situations
- Use real-time captioning (CART services) for meetings and training events
- Ensure that video training materials (videotapes, DVDs, CDs, etc) are captioned
- Use professional sign language and/or oral interpreters when needed
- Use note-takers for meetings and group sessions
- Consider using "communication cops" at meetings (one person who monitors the meeting to ensure that only one person speaks at a time)
- Provide mentors and coaches

Performance Evaluations

Performance evaluations are typically based upon a written review coupled with a face-to-face interview. If reading ability necessitates extra time, provide workers with written information in advance. Because barrier-free communication is critical, use multiple strategies as necessary to ensure success. As described elsewhere in this document, multiple strategies might include the use of assistive listening devices, computers for note-taking, and professional sign language or oral interpreters.

Resources

Prior to contacting any of the following resources, it is important to remember that the person with the most information and experience regarding needed workplace accommodations may be the job applicant or worker. Ask the individual to tell you what accommodation(s) work best for that person in face-to-face, interactive distance, and group communication situations. If additional information or assistance is needed, consult the following resources.

Regional/State Resources

ADA Regional Disability Business Technical Assistance Center Hotline: 800.949.4232 (Voice/TTY)

State Vocational Rehabilitation Department, Independent Living Department, and/or State Commission for the Deaf and Hard of Hearing, listed in local phone books or available from telephone Directory Assistance

University Resources:

- Gallaudet University
National Information Center on Deafness
800 Florida Ave., NE

Washington, DC 20002-3695
202.651.5000 (Voice/TTY)
www.gallaudet.edu

- Job Accommodations Network
West Virginia University
P.O. Box 6080
Morgantown, WV 26506-6080
800.526.7234 (Voice/TTY)
www.janweb.icidi.wvu.edu

Consumer Organizations:

- Association of Late-Deafened Adults (ALDA, Inc)
1131 Lake Street #204
Oak Park IL 60301
877-348-7537 (voice/FAX)
708-358-0135 (TTY)
www.alda.org
- Self Help for Hard of Hearing People, Inc.
7910 Woodmont Ave., Suite 1200
Bethesda, MD 20814
301.657.2248
(Voice) 301.657.2249(TTY)
301.913.9413(FAX)
www.shhh.org
- National Association of the Deaf
814 Thayer Ave.
Silver Spring, MD 20910-4500
301.587.1788 (Voice)
301.587.1789 (TTY)
301.587.1791 (FAX)
www.nad.org
- American Speech-Language-Hearing Association
19801 Rockville Pike
Rockville, MD 20852
800.638.8255 (Voice)
301.897.5700 (TTY)
www.asha.org
- National Institute on Deafness and Other Communication Disorders National
Institute of Health
31 Center Drive, MSC 2320
Bethesda, MD 20892-2320
800.241.1044 (Voice)
800.241.1055 (TTY)
www.nidcd.nih.gov

- Registry of Interpreters for the Deaf, Inc.
333 Commerce Street
Alexandria, VA 22314
703.838.0030 (Voice)
703.838.0459 (TTY)
703.838.0454 (FAX)
www.rid.org

Section 4 – Working Effectively with People who have a Learning Disability

What is a Learning Disability?

The National Joint Committee on Learning Disabilities describes the term "learning disability" as a general term referring to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, spelling, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual, presumed to be caused by central nervous system dysfunction, and they exist throughout the person's life. A learning disability is not a disorder that an individual "grows out of." It is a permanent disorder that has a significant effect on learning but is not an indicator of intelligence. An individual with a learning disability may develop compensatory skills that help them to overcome the disability.

Problems in self-regulatory behaviors, social perceptions, and social integration may exist with learning disabilities but do not, by themselves, constitute learning disabilities. Although learning disabilities may occur concomitantly with other disabilities, they are not the result of those conditions or influences.

Learning disabilities affect some 10% of the American workforce. As a result, many persons applying for work or currently employed by an employer will have learning disabilities. These individuals are often intelligent, creative and productive.

Learning disabilities can sometimes cause inconsistent work performance and may require reasonable accommodation. Some learning disabilities may have a global effect on functioning in the workplace. Other individuals may only need a reasonable accommodation for a specific task.

Some common learning disability terminology is listed below:

Dyslexia - difficulty with language processing, which, in turn, affects reading, writing, and spelling.

Dyspraxia - difficulty with fine motor skills and coordination.

Dysgraphia - difficulty with writing, spelling, and writing composition.

Auditory Discrimination - difficulty in perceiving differences between speech sounds and sequencing these sounds into meaningful words, which affects reading and spoken language.

Visual Discrimination - difficulty in noticing important details and assigning meaning to what is seen, which is critical to reading and writing.

What is the Impact of the Americans with Disabilities Act on People with Learning Disabilities?

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities. The term disability under the ADA is defined as:

- 1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual,
- 2) A record of such an impairment or,
- 3) Being regarded as having such an impairment.

"Substantially limits" means that the person is unable to perform, or significantly limited in the ability to perform, an activity as compared with an average person in the general population. "Major life activities" refers to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Learning disabilities are considered physical or mental impairments. The term "Specific Learning Disabilities" is cited in the regulations of the Equal Employment Opportunity Commission (EEOC), which enforces the ADA, implementing the employment provisions of the ADA (29 C.F.R. Part 1630).

Whether the ADA would protect a person with a learning disability from discrimination depends on whether the disability substantially limits a major life activity. For example, an employee whose auditory perception difficulties causes her to be unable to gain information from a staff meeting likely would have an ADA disability, especially where most employees would have little or no difficulty gaining relevant information from the meeting. By contrast, the inability to take excellent notes of a highly detailed, eight-hour technical discussion would not constitute a substantial impairment because the average person would also not be able to do this.

As the definition of disability makes plain, an employer also may not discriminate against an individual with a record of a disability or against someone perceived as being disabled. For example, job applicants who have been through special education may not be discriminated against based on a school record of a disability. Similarly, employers also may not discriminate against applicants with learning disabilities because of a perception or fear that they cannot read.

An individual's limitations must be caused by a learning disability. Thus, an employee who is unable to read or write because he or she was never taught these skills, and not because of a learning disability, would not be an individual with a disability under the ADA.

Causes of Learning Disabilities.

A learning disability is a developmental disorder that is present from birth, although it may go undetected until later in life. While genetic predisposition, perinatal injury, and

various neurological or other medical conditions may be associated with the development of learning disabilities, the presence of such conditions does not invariably predict an eventual learning disability. Some individuals with learning disabilities have no familial, medical, or environmental history that would predict a learning disorder.

Potential Functional Limitations Caused by Learning Disabilities.

Workers with learning disabilities may have difficulties with:

- Processing auditory material (e.g. receiving oral directions and other communication issues)
- Writing, including: issues with spelling, grammar, and/or sentence structure; expressing information in a written format; and/or legible handwriting.
- Reasoning ability regarding the comprehension of new information, quantitative information, or complex verbal information.
- Reading speed or reading comprehension.

Workplace Accommodations for Individuals with Learning Disabilities.

Reasonable accommodations are by definition individualized in order to meet the needs of the specific applicant or employee. Some accommodations may include:

- Alternate print formats
- Reduced-distraction work environments
- Computer technology for written work
- Reading materials presented in auditory formats
- Extended time to learn job tasks or to perform work
- Instructions presented both in written and oral formats
- Allowing the employee to tape-record important information
- Clearly defined job requirements, including the dates when projects assignments are due; advance notice of any changes
- Providing handouts and visual aids
- Using more than one way to demonstrate or explain information
- Breaking information into small steps when teaching many new tasks in one lesson (state objectives, review previous lesson, summarize periodically)
- Allowing time for clarification of directions and essential information
- Providing assistance with the proofreading of written work
- Allowing the use of spell check and grammar- assistive devices

When in doubt about possible accommodations, ask the employee what would be helpful. In addition, remember to observe confidentiality. For example, avoid pointing out the employee or the alternative arrangements to the rest of the work group.

Resources

- ADA Regional Disability and Business Technical Assistance Center Hotline:
800-949-4232 (voice/TTY)
<http://www.adata.org>
- Learning Disabilities Association of America
4156 Library Road
Pittsburgh, PA 15234-1349
(412) 341-1515 (voice)
(412) 344-0224 (FAX)
<http://www.ldanatl.org>
- International Dyslexia Association
Chester Building
8600 LaSalle Road, Suite 382
Baltimore, MD 21286-2044
Telephone 410/296-0232
<http://www.interdys.org>
- Job Accommodation Network
West Virginia University
P.O. Box 6080
Morgantown, WV 26506-6080
(800) 526-7234
<http://www.jan.wvu.edu/english/homeus.htm>
- National Center for Law and Learning Disabilities
P.O. Box 368
Cabin John, MD 20818
(301) 469-8308
- National Center for Learning Disabilities
381 Park Avenue South, Suite 1401
New York NY 10016
Telephone: 212/545-7510
<http://www.LD.org>
- Office of Disability Employment Policy – U.S Department of Labor
1331 F Street, N.W., Suite. 300
Washington D.C. 20004
202-376-6200 (voice)
202-376-6205 (TTY)
202-376-6219 (FAX)
<http://www.dol.gov/dol/odep/>
- U.S. Equal Employment Opportunity Commission
Helpline: 800-669-4000
(voice); 800-800-3302 (TTY); or 800-669-EEOC (publications-voice).
<http://www.eeoc.gov>

Section 5 - Employing and Accommodating Workers with Psychiatric Disabilities

The Americans with Disabilities Act (ADA) and Individuals with Psychiatric Disabilities

Some people are surprised to learn that the ADA covers individuals with psychiatric, as well as physical, disabilities. This is consistent with Sections 503 and 504 of the Rehabilitation Act of 1973, the federal nondiscrimination statute which preceded the ADA. In fact, 13% of those filing employment discrimination claims under the ADA describe themselves as having emotional or psychiatric impairments, making it the second most common type of disability cited in all claims to date -- and exceeded only by charges from people with back impairments, who comprise 18% of total claims. ADA coverage is limited to individuals with "physical or mental impairments" that "substantially limit one or more major life activities when using a mitigating measure." When a mitigating measure applies, the law also considers any remaining limitation and medication side effects. The ADA also protects from discrimination individuals with a record of a disability and individuals regarded as having a disability. Thus individuals who do not currently have a physical or mental impairment that substantially limits one or more major life activities would still fall within the scope of ADA coverage if a covered entity discriminates against them based on a record of a disability or if they are regarded as being disabled. Individuals with psychiatric diagnoses such as major depression, bipolar disorder (formerly called manic-depressive illness), and schizophrenia may be covered, depending on how the condition affects their functioning. Individuals with other psychiatric conditions (such as anxiety, personality, dissociative, or post-traumatic stress disorders) may also be included in the ADA definition. The ADA does not usually cover impairments that only last for a brief period of time or do not significantly restrict an individual's ability to perform a major life activity. For example, individuals with mild or short-term mental health problems usually will not meet the ADA's definition of disability. There is much debate about preferred terminology for referring to individuals with psychiatric disabilities. Some other commonly used terms are "person with a mental health disability," "mental health consumer," "person with a mental illness," "mental health client," or "psychiatric survivor."

Popular Misconceptions About People with Psychiatric Disabilities

There are many prevalent myths about individuals with psychiatric disabilities that reinforce negative, inaccurate stereotypes.

- **Myth #1: Mental illness is uncommon.** Estimates by the federal government indicate that 2.6 percent of American adults -- that is, 5.3 million people -- have a severe and persistent mental illness. Many more -- as much as 20 percent of the U.S. adult population -- are affected by mental health disorders in any given year.
- **Myth #2: Mental illness is the same as mental retardation.** The two are distinct disorders. A diagnosis of mental retardation is chiefly characterized by limitations in intellectual functioning, as well as difficulties with certain skills of daily life. By definition, mental retardation begins before the age of 18. In contrast, the

intellectual functioning of persons with psychiatric disabilities varies as it does across the general population. The symptoms of mental illness may include emotional disturbances, disordered thinking, or perceptual difficulties. Mental illness may develop at any age, from childhood through later life. Bipolar disorder and schizophrenia have a high rate of onset during early adulthood. Therefore, many individuals with psychiatric disabilities enter or complete college before first experiencing symptoms.

- Myth #3: People with psychiatric disabilities are likely to be violent. Upon learning that an applicant has a history of psychiatric treatment, some employers may expect that the individual is likely to become violent. This myth is reinforced by portrayals of people with mental illnesses in movies, television, and the news media as frequently and randomly violent. According to the National Mental Health Association, "Violent acts committed by persons with mental illness represent a small fraction of the violence perpetrated in our country, yet these acts are frequently highly sensationalized by the media and lead to the continued stigmatization of persons with mental illness."
- Myth #4: Recovery from mental illness is not possible. For many decades, people with mental illnesses were separated from the rest of society through institutionalization in mental hospitals. Mental illness was thought to be permanent and untreatable. Public policies began shifting in the late 1950's and early 1960's as we realized that hundreds of thousands of American citizens were being confined unnecessarily. Medications were discovered that helped to alleviate the symptoms of mental illness, and there was a gradual evolution toward the provision of treatment and rehabilitation services in the community. Long-term studies have shown that the majority of people with mental illnesses show genuine improvement over time and lead stable, productive lives. The success of prominent figures with mental illnesses has helped to inform the public that healing and recovery are indeed possible. Psychologist & Professor Kay Redfield Jamison has written several popular books about her own experience with bipolar disorder. A book by Kathy Conkrite entitled, "On the Edge of Darkness" features personal accounts by Mike Wallace, Joan Rivers, William Styron, Kitty Dukakis, and others about their struggle with and success in overcoming depression.
- Myth #5: People with psychiatric disabilities can't tolerate stress on the job. This myth over-simplifies the rather complex human response to stress. People with a variety of medical conditions - including cardiovascular disease, multiple sclerosis, and psychiatric disorders - may find their symptoms exacerbated by high levels of stress. But the sources of personal and job-related stress vary substantially from individual to individual. Some people find an unstructured schedule to be very stressful, while others struggle with a regimented work flow. Some people thrive on public visibility or high levels of social contact, while others need solitude to focus and be productive. Of course, workers with psychiatric disabilities vary, too, in their responses to stressors on the job. All jobs

are stressful in some regard. Productivity is maximized when there is a good match between the employee's needs and his or her working conditions - whether or not the individual has a psychiatric disability.

How will employers know if current workers or applicants have psychiatric disabilities?

Psychiatric disabilities are not necessarily apparent. Further, the ADA prohibits employers from asking applicants if they have psychiatric disabilities before making a job offer. Examples of pre-employment questions not allowed under the ADA include the following: Have you ever been hospitalized? Have you had a major illness in the last five years? Have you ever been treated by a psychiatrist or psychologist? How many days were you absent from work because of illness last year? Are you taking any prescribed drugs? In order to determine whether applicants are qualified, the screening process should identify the essential functions of the job, then seek evidence that the potential employee has the needed skills, work experience, education or other qualifications. Given these guidelines, employers are unlikely to know if an applicant has a psychiatric disability unless he or she chooses to discuss it. For example, a worker might decide to disclose that he/she has a disability in order to request a workplace accommodation. But some workers with psychiatric disabilities don't require accommodations. Applicants and employees are often deterred from discussing their disabilities with employers by the very severe stigma associated with psychiatric disorders in our society. Disclosure is a personal decision on the part of the worker that involves many factors including trust, comfort with others in the workplace, job security, and the perceived open-mindedness and support of the immediate supervisor.

How might psychiatric disabilities affect an individual's functioning in the work place?

It is impossible to generalize about the characteristics of all people with psychiatric disabilities. When asked how their mental illness affects their functioning on the job, some workers with psychiatric disabilities cite difficulty maintaining concentration. Workers who take medications to control their psychiatric symptoms may experience side effects such as hand tremors, excessive thirst, or blurred vision. Some individuals report difficulty in focusing on multiple tasks simultaneously, particularly amid noise and distractions. Of course, the strengths and weaknesses of each applicant or employee must be assessed individually, regardless of the presence of a disability. The worker's ability to perform a job will depend on his or her work experience, training, and skills, not merely the presence or absence of a psychiatric diagnosis.

What types of accommodations might be helpful for workers with psychiatric disabilities?

This is a frequently-asked question. The Cornell University School of Industrial and Labor Relations has surveyed both federal government and private employers regarding their policies and practices on the ADA and accommodations. In both studies,

respondents identified further information about accommodations for persons with psychiatric disabilities as a significant ongoing need (69 percent of Federal respondents and 65 percent of non-federal respondents). Good management practices will produce many of the workplace accommodations needed by people with psychiatric disabilities. Like all employees, workers with psychiatric disabilities may benefit from supervisors who: - approach each employee with an open mind about his/her strengths and abilities, - clearly delineate expectations for performance, - deliver positive feedback along with criticisms of performance in a timely and constructive fashion, - are available regularly during the workday for consultation with employees, - demonstrate flexibility and fairness in administering policies and work assignments. In addition to high quality supervision, some workers with psychiatric disabilities may benefit from one or more of the following accommodations: - schedules which incorporate flex-time, part-time positions or job sharing, time off for scheduled medical appointments or support groups, - the use of break time according to individual needs rather than a fixed schedule, - physical arrangements (such as room partitions or an enclosed office space) to reduce noise or visual distractions, - extending additional leave to allow a worker to keep his or her job after a hospitalization, - allowing workers to phone supportive friends, family members, or professionals during the work day, - joint meetings between the employee, supervisor, and job coach or other employment service provider. These are only a few examples of the many accommodations that have been successfully implemented for workers with psychiatric disabilities.

Effective accommodations for workers with disabilities are always determined on a case-by-case basis. The Job Accommodation Network at (800) ADA-WORK provides free consultation to employers and individuals with disabilities about workplace accommodations. In addition, reference materials about accommodating workers with psychiatric disabilities are available from the organizations listed below.

Conclusion One of the ADA's primary goals is to promote equal employment opportunity for people with disabilities. Achieving this goal requires employers to move beyond stereotypes and to assess the qualifications and performance of workers with psychiatric disabilities on an individual basis. Employees with psychiatric disabilities can bring unique skills and sensitivities that significantly add to the quality and diversity of the workplace.

Where can I obtain additional information?

There are a number of organizations that can provide information on accommodations and other considerations in working with individuals with psychiatric disabilities. Some of these are (in alphabetical order):

- ADA Technical Assistance Program and Regional Disability and Business Technical Assistance Centers (800) 949-4232 (voice/TTY),
- Bazelon Center for Mental Health Law (202) 467-5730 (voice), (202) 467-4232 (TTY),
- Center for Psychiatric Rehabilitation, Boston University (617) 353-3549 (voice), (617) 353-7701 (TTY),

- Employee Assistance Professionals Association, Inc. (703)387-1000 (voice), (703)522-4585 (fax),
- International Association of Psychosocial Rehabilitation Agencies (410) 730-7190 (voice), (410) 730-1723 (TTY),
- Job Accommodation Network (800) ADA-WORK (voice/TTY),
- Matrix Research Institute/Univ. of Pennsylvania Research & Training Center on Vocational Rehabilitation and Mental Illness (215) 569-2240 (voice), (215) 569-8098 (TTY),
- National Alliance for the Mentally Ill (703) 524-7600 (voice), (703) 516-7227 (TTY), National Depressive & Manic-Depressive Association (800) 826-3632 (voice), National Empowerment Center (800) POWER-2-U (voice), (800) TTY-POWER (TTY),
- National Mental Health Association (800) 969-NMHA (voice), (800) 433-5959 (TTY),
- National Mental Health Consumers' Self-Help Clearinghouse (800) 553-4KEY (voice), (215) 751-9655 (TTY),
- National Mental Health Services Knowledge Exchange Network A Service of the Center for Mental Health Services,
- Substance Abuse and Mental Health Services Administration, U.S. Dept. of Health & Human Services. (800) 789-2647 (voice), (301) 443-9006 (TTY), President's Committee on Employment of People with Disabilities (202) 376-6200 (voice), (202) 376-6205 (TTY),
- National Research & Training Center on Psychiatric Disability, University of Illinois at Chicago (312) 422-8180 (voice), (312) 422-0706 (TTY),
- U.S. Equal Employment Opportunity Commission (800) 669-4000 (Voice), (800) 669-6820 (TTY),
- Washington Business Group on Health (202) 408-9320 (voice), (202) 408-9333 (TTY),

Section 6 - Employing and Accommodating Individuals With Histories Of Alcohol Or Drug Abuse

Why Is Drug And Alcohol Abuse Considered A Disability?

Clinicians and researchers commonly divide drug and alcohol consumption into three levels or stages of use: use, abuse, and dependence. While the use of drugs and alcohol does not generally rise to the level of an impairment that constitutes a disability, abuse and dependence do. Drug and alcohol abuse is characterized by intensified, regular, sporadically heavy, or "binge" use, and dependence is characterized by compulsive or addictive use. Drug and alcohol abuse and dependence are classified as treatable illnesses by both standard diagnostic medical manuals, the Diagnostic and Statistical Manual IV (DSM-IV) and the International Statistical Classification of Diseases, Injuries, and Causes of Death (ICD-10). These manuals also provide criteria for diagnosing drug and alcohol abuse and dependence that focus on psychological, behavioral, and cognitive symptoms. The impact of drug and alcohol use on social and occupational functioning is an important factor in evaluating the severity of an individual's condition. Many individuals with drug and alcohol problems can continue to function in their jobs long after drug and alcohol use has begun to take its toll on family and social functioning. However, the impact on the American workforce can be appreciable. It is estimated that lost productivity and wages plus injury-related expenses cost the American workforce over 100 billion dollars per year.

What Protections Against Discrimination are Provided to Individuals With Drug and Alcohol Impairments?

Many employers do not realize that the Americans with Disabilities Act (ADA) protects individuals with drug and alcohol problems against discrimination in employment. This confusion exists because the ADA includes both employment protections and sanctions regarding individuals with current drug problems. People with past drug or alcohol are protected from job discrimination by the ADA, as are persons with current alcohol problems who are able to perform their job. Individuals do not have the same rights as others with disabilities if they are currently using illegal drugs, or abusing alcohol. The ADA specifically excludes from the definitions of "individual with a disability" any employee or applicant who is currently engaging in the illegal use of drugs, when the covered entity acts on the basis of such use. This includes individuals who use illicit drugs as well as those who use prescription medications unlawfully. Individuals who use drugs under the supervision of a licensed health care professional -- such as methadone -- are not using drugs illegally, and therefore are protected against discrimination. In recent years there have been gains in creating drugs to assist individuals with recovery, and consequently it is more likely that former drug users will enter the workforce with specialized medication to assist with their maintenance of sobriety. Although individuals who are current illicit drug users are not protected, the ADA specifically protects individuals who are participating in a supervised drug rehabilitation program, have completed a treatment program, or have been rehabilitated through self-help groups, employee assistance programs or any other type of rehabilitation, and are no longer using

drugs. In addition, the ADA protects individuals who are erroneously perceived as abusing drugs illegally, but are not doing so. Because of societal attitudes about drug abuse, many individuals who have had drug problems in the past are perceived as still being drug dependent. Similarly, individuals who participate in methadone maintenance programs are also often perceived as drug dependent, even though methadone is a lawfully prescribed medication and individuals who participate in a methadone maintenance program are able to do every task -- even safety-related tasks -- that a person who is not receiving such treatment can do. These individuals are protected against discrimination under the ADA. Workplace drug testing programs also create a pool of individuals who may be erroneously perceived as being drug dependent when, in fact, they are not. Invariably, drug tests will inaccurately identify some individuals as drug users. This occurs because the drug test may be performed incorrectly, substances in an individual's system may be incorrectly identified as a drug, or a prescription medication may be incorrectly identified as an illicit drug. The ADA prohibits discrimination against individuals who are erroneously regarded as being addicted to controlled substances because of a false positive drug test, but are not engaging in such use. However, the ADA does not protect an individual who is erroneously perceived as recreationally using illegal drugs on an occasional basis, because the employer is not regarding the individual as having a substantially limiting impairment. This is a sensitive and complex area and many employers utilize drug testing policies that set forth specific steps for handling positive drug findings. Individuals with current alcohol impairments that substantially limit one or more major life activities are protected against discrimination like any other individual with a disability. Alcohol is not considered a "drug" under the ADA, and, therefore, the current abuse of alcohol does not exclude an individual from the ADA's protection. However, individuals with current alcohol related disabilities, like any other individual with a current disability, must be able to perform the essential functions of the job to be protected against discrimination. In addition, the ADA specifically permits an employer to hold employees who abuse alcohol to the same performance and conduct standards applicable to all employees, even if that employee's problems are related to the alcohol abuse.

What is "Current" Illegal Use of a Drug?

The definition of a person "currently engaging in the illegal use of drugs" is not limited to a person who illegally used drugs on the day of or within a matter of weeks before the employment action in question. Rather, the employer must make an individualized determination that focuses on whether the individual has used drugs close enough to the time of the employment action to indicate that there is a real and on-going problem. If an individual tests positive on a test for illegal drugs, the person will be considered a current drug user under the ADA where the test correctly indicates the illegal use of a controlled substance. According to the U.S. Equal Employment Opportunity Commission, casual drug use is not a disability under the ADA. Only individuals who are addicted to drugs, have a history of addiction, or who are regarded as being addicted have an impairment under the law. In order for an individual's drug use to be considered a disability under the ADA, it would have to pose a substantial limitation on one or more major life activities. In addition, the individual could not currently be using illegal drugs.

Denying employment to job applicants solely because of a history of casual drug use would not raise ADA concerns. On the other hand, policies that screen out applicants because of a history of addiction or treatment for addiction must be carefully scrutinized to ensure that the policies are job-related and consistent with business necessity. If safety is asserted as a justification for such a policy, then the employer must be able to show that individuals excluded because of a history of drug addiction or treatment would pose a direct threat -- i.e., a significant risk of substantial harm -- to the health or safety of others or, perhaps, to themselves as well, that cannot be eliminated or reduced by reasonable accommodation. Again, individuals who currently use illegal drugs, even users who are addicted, may be denied employment because of their current use. Because the ADA protects individuals who are participating in a rehabilitation program and those who have been rehabilitated (as long as they are not still using drugs illegally), employers should be careful about reaching back in time and taking adverse actions against individuals for drug use that occurred before they entered treatment.

What Medical Tests or Inquiries are Permitted to Determine Whether an Individual has a Drug or Alcohol Problem?

The permissible scope and timing of inquiries and tests relating to drug and alcohol use will depend on the specific information being sought. An employer may ask applicants and employees about the current illegal use of drugs before or after extending a job offer and during employment without violating the ADA, because an individual who currently uses illegal drugs is not protected under the ADA. The ADA specifically states that tests for the current illegal use of controlled substances are not considered medical examinations. An employer also may ask about past illegal drug use at the pre-offer stage so long as the question is not likely to elicit information about a disability. A question such as "Have you ever used illegal drugs?" or "When did you last use illegal drugs?" would be acceptable. Questions about addiction would not be permissible at the pre-offer stage, but could be asked either after a job offer was extended, or during employment if the inquiry was job-related and consistent with business necessity. Generally, questions about lawful drug use are not allowed pre-offer because they are likely to elicit information about disability. However, if a person tests positive for illegal drug use, an employer could ask about lawful drug use as a possible explanation for the positive drug test.

When an employer obtains medical information at the pre-offer stage, it must be careful not to use the information in a way that would violate the ADA. To avoid the possibility of this type of allegation, many employers choose to conduct drug testing after a conditional offer of employment has been made. In all cases where an employer obtains medical information from an inquiry or exam, the medical information must be collected and maintained on separate forms and in separate files and treated as a confidential medical record. An employer could ask about drinking habits at the pre-offer stage, such as whether a person drinks or has ever been arrested for driving while intoxicated, so long as the question is not likely to elicit information about alcoholism. IN contrast, questions about how much someone drinks or whether they have ever been in an alcohol rehabilitation program are not acceptable because they are likely to garner information

about alcoholism. Alcohol tests may not be given pre-offer because they are considered to be medical tests. Inquiries relating to alcoholism or alcohol tests could be conducted post-offer, or at the employment stage if the inquiry or test is job-related and consistent with business necessity.

What Can an Employer Do To Ensure that an Individual is No Longer Using Drugs?

The ADA permits employers to take reasonable steps to ensure that an individual is no longer illegally using drugs. Employers are permitted to conduct drug tests and to obtain information from treatment programs in order to monitor drug use. If an employer has an employee assistance program (EAP), the EAP may be the best entity to conduct the follow-up. While the ADA does not impose many restrictions on drug testing, employers are required to use accurate test procedures and to comply with any federal, state, or local law that regulates drug testing. In addition, when seeking information from a drug or alcohol treatment program about an individual's rehabilitation, employers should be aware that federal regulations govern the release of drug and alcohol patient information by virtually all treatment programs¹. These regulations, in order to protect the confidentiality of individuals with drug and alcohol problems, require the execution of a detailed consent form before employers can receive treatment information and place strict limitations on the employer's use, maintenance and re-disclosure of that information. Because these regulations impose more stringent confidentiality standards than those in the ADA, they supersede the ADA's requirements for protection of drug and alcohol treatment information.

What Accommodations Do Individuals with Drug and Alcohol Problems Need?

Accommodations for individuals in recovery from a drug or alcohol problem will vary depending upon the requirements of their jobs and their length of time in recovery. For example, individuals who have recently completed a rehabilitation program may need to participate in a structured, outpatient continuing care program on a regular basis. Others who have been sober for a long time may participate in self-help groups, such as Alcoholics Anonymous, in order to prevent relapse. Involvement in such continuing care may require some accommodation. Examples of possible accommodations include: *

- * Structuring the work day so that less demanding tasks are required when fatigue occurs
- * Adjusting supervisory methods, e.g., communicating assignments or instructions in writing or by e-mail rather than orally, or providing more detailed guidance or structure.
- * Modified work schedule to permit an employee to pick up her daily methadone dosage or to attend an out-patient relapse prevention counseling session.
- * Job restructuring to relieve an employee of "risky" environments or tasks that may compromise recovery e.g., expectations for socializing with clients or other employees who are known to be heavy alcohol users.
- * Temporary reassignment of an employee in a safety-related position to a vacant non-safety sensitive position while he or she completes treatment.
- * Reassignment to an equivalent vacant position when the current supervisor is too busy supervising other employees or serving the public to provide the necessary guidance or structure.

In addition, because individuals with current alcohol impairments are protected against

discrimination to the extent they can perform their job effectively and safely, employers are required to consider providing unpaid leave to permit an individual with a current alcohol impairment to attend an in-patient treatment program. In addition, if an employer provides paid leave to individuals who are obtaining medical treatment for a disability, the employer must provide the same benefit to an individual who is obtaining treatment for an alcohol problem. It is important to remember that some employees will need no accommodation, but simply a change in attitude regarding what an individual with a past drug or alcohol impairment can do. Persons in recovery are able to perform all jobs safely, including safety-related jobs, and they pose no risk to others solely because of a past drug or alcohol addiction. An employer's most important obligation under the ADA is to evaluate each individual's ability to do essential job tasks and make employment decisions based on the individual's qualifications and work performance.

How Do Other Federal Laws Relating to Drug and Alcohol Use Affect the ADA's Standards?

The ADA permits employers to comply with other federal laws and regulations that relate to drug and alcohol use. These federal standards include the Drug Free Workplace Act and standards established by the Department of Transportation, Department of Defense, and the Nuclear Regulatory Commission relating to testing safety-sensitive employees for drug use, and in some cases, alcohol use. The standards established by these other federal laws and rules are consistent with the ADA and, for the most part do not impose additional restrictions on the rights of individuals in safety-related jobs. The drug testing regulations, in particular, cover a fairly narrow set of employees whose jobs directly affect safety. They require employees to comply with restrictions on off-duty drug and alcohol use and prohibit individuals who violate drug or alcohol rules from holding safety-sensitive jobs. The regulations give employers the right to determine when individuals who have tested positive for drug or alcohol may return to work in the safety-related position. Apart from these standards, the ADA does not permit employers to treat individuals with past drug or alcohol impairments who hold safety-related jobs any differently from other employees (Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 Resources).

For information on the Americans with Disabilities Act and reasonable accommodations the following organizations can be contacted:

- ADA Regional Disability and Business Technical Assistance Center Hotline, 800/949-4232 (voice/TTY).
- U.S. Equal Employment Opportunity Commission, 1801 L Street NW, Washington, DC 20507, 800/669-4000 (voice), 800/800-3302 (TTY), or 800/669-EEOC (publications- voice).

There are a number of organizations that can provide information about drug and alcohol problems and assist individuals with such problems. Some of these are:

- Employee Assistance Professional Association, 2101 Wilson Boulevard, Suite 500, Arlington, Virginia 22201. Phone: 703-387-1000 Fax: 703-522-4585 <http://www.eapassn.org/>

- Job Accommodation Network, 918 Chestnut Ridge Road, Suite 1, Morgantown, WV 26506-6080, (800) ADA-WORK (voice/TTY).
- Legal Action Center, 153 Waverly Place, New York, NY 10014, 212/243-1313, and 236 Massachusetts Avenue, N.E., Suite 510, Washington, DC 20002, 202/544-5478.
- The Workplace Center, Columbia University, School of Social Work, 622 West 113th Street, New York, NY 10025, 212/854-5458.

Section 7 - Working Effectively with People with Musculoskeletal Disorders

What are Musculoskeletal Disorders

Any disease, injury, or significant impairment to muscles, bones, joints, and supporting connective (soft) tissues is considered to be a musculoskeletal disorder (MSD).

Approximately 14 million Americans have musculoskeletal disorders, which are the leading cause of disability among individuals of working age (18 to 64 years of age).

Annual costs of MSDs [Occupational and Safety Health Act (OSHA) standard (proposed Fed Reg #, month, year)] are estimated to be:

- \$15-\$20 billion in workers compensation costs alone
- \$45-\$50 billion total when including other expenses

Many people with musculoskeletal disorders are considered individuals with disabilities under the Americans with Disabilities Act (ADA). An individual with a disability is a person who: has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Whether a person's impairment substantially limits a major life activity depends on its nature and severity, how long it will last or is expected to last, and its permanent or long-term impact or expected impact.

Musculoskeletal disorders vary greatly in severity and degree of permanence. The provisions of the Americans with Disabilities Act of 1990 (ADA) do not apply to every musculoskeletal disorder. The ADA does not cover physical problems that are relatively minimal in nature and severity (e.g., a sprained toe or pulled muscle) or will heal in a short time.

Job Application Process

Before the passage of the ADA, some employers attempted to screen out persons with disabilities during the hiring process out of fear that these people represented an undue safety and workers' compensation risk. Employers used pre- placement medical examinations to identify the particular disability the applicant had and then used this information to make a hiring decision. The trouble with this approach was that the candidate had no chance to show the employer whether he could actually perform the job.

The employment provisions of the ADA (Title I) protect all qualified individuals with disabilities from discrimination in all employment decisions. Specifically, employers may not inquire about an applicant's medical history before making a conditional offer of employment. After a job offer is made, an employer may make disability-related inquiries or require medical examinations as long as this policy is applied consistently to all entering employees in a particular job category. All medical information collected is confidential and must be kept in a separate locked file. The employer cannot assume that the applicant is limited in performing the job's essential functions merely because he has a disability. If the post-offer inquiry shows that the prospective employee will be unable to perform the job without posing a significant risk of harm to himself or others, the

employer must first determine if the risk cannot be reduced or eliminated by reasonable accommodation before refusing to hire this individual.

What Is Reasonable Accommodation?

Reasonable accommodation is the critical concept in the employment provisions (Title I) of the ADA. It is any modification or adjustment to a job, employment practice, or work environment that enables a qualified individual with a disability to participate in and enjoy equal employment opportunity. The employer's obligation to provide a reasonable accommodation applies to all aspects of employment. This duty is ongoing and may arise anytime a person's disability or job changes, unless the accommodation causes an undue hardship to the employer. A qualified applicant or employee cannot be denied an employment opportunity because of the need to provide reasonable accommodation.

The ADA requires that employers consider all sources of outside funding when assessing whether a particular accommodation is too costly. This could include funding from outside organizations or tax credits or deductions. Moreover, if the cost of an accommodation would impose an undue hardship on the employer, the individual with the disability should be given the opportunity to provide the accommodation or to pay the portion of the cost that would otherwise constitute an undue hardship for the employer.

What Types of Accommodations Should Be Considered?

Workplace changes for people with musculoskeletal disabilities fall into two general categories: engineering accommodations and administrative accommodations.

Engineering accommodations include changes to the physical work environment and equipment such as:

- Selecting the right tool for a given job. Tools come in many different sizes, shapes and capacities. Tools should be selected that minimize physical stress so that workers don't have to reach or bend their wrists; the tools don't produce high pressure on workers' hands; and the worker does not become fatigued as a result of holding or operating the tool. In addition to selecting the best tool, many accessories are now available to help support the tool and resist reaction forces.
- Providing adjustable workstations (e.g. work tables, keyboard trays, monitor holders and seating). Remember that people differ in size and the way they do things. We do not expect all workers to wear the same size or style shoes and we should not expect them to all use the same size workstation or tools.
- Utilizing lift devices such as lift tables, tilt tables and mechanized lift assists. Lift tables bring items up off the floor and tilt tables reduce the horizontal reach. Both pieces of equipment decrease the amount of forward torso bending to load or unload work objects.

Administrative accommodations include changes in the manner in which work is performed such as:

- Periodic breaks (including micro-breaks, i.e. small recovery periods each work cycle or short breaks each hour).
- Avoiding incentive systems that discourage breaks.
- Education by a health care provider for injured workers that explains their condition and how to pace themselves to avoid re-injury.
- Education by supervisors and engineers for all workers on how to adjust work equipment, what to do if equipment is not working correctly and where to go for medical services.
- Worker rotation. It is important to make sure that work loads on the different jobs vary enough to provide recovery from high work demands.
- Providing sufficient time for new workers to learn and become accustomed to the physical demands of new jobs.

Utilization of these measures will not only make it possible for employers to meet the requirements of the ADA, but will also help prevent future injuries and disabilities and satisfy present and future OSHA requirements.

Returning the Work-Disabled Employee to the Job

Providing reasonable accommodations to individuals with disabilities applies not only to the hiring process, but also to employees who are returning to work after a workers' compensation claim. The individual with a disability is expected to perform the essential functions of the job with or without reasonable accommodation. These functions may be considered essential for several reasons:

- 1) The position exists so that the function can be performed;
- 2) A limited number of employees are available among whom the performance of the job function can be distributed;
- 3) The function is highly specialized so that the incumbent in the position is hired for her expertise or ability to perform it.

The individual with a disability does not need to be able to perform the marginal (nonessential) functions of the job. If the employee is otherwise qualified to perform a job but requires a reasonable accommodation to accomplish an essential job function, she cannot be discriminated against in being hired or in returning to work. Employers are not required to hire or retain individuals who pose a direct threat to the health and safety of himself/herself or others. The employer has an obligation to prove that a direct threat exists and that the threat cannot be eliminated or reduced to an acceptable level through reasonable accommodation.

Maximizing Employee Potential for Success

As with any significant change in the work environment, making job site accommodations for a disabled employee may have implications for effective labor relations. For example, an assembly-line worker with a low-back disability is

reintroduced into the workplace following a job-related injury. He is able to return to his job because of modifications to his workstation that decrease the physical demands of the job and help to control his symptoms. Other employees with the same job title or union seniority, however, may want similar changes to their workstations to make their jobs less physically demanding.

The employer may feel this is a no-win situation. Not only does she have to pay for the disabled employee's accommodation, she also has to face the backlash from other workers who consider the accommodations a form of favoritism to which they are not entitled. Employee education about the ADA may be helpful in this situation.

An employer may not disclose that a particular employee has a disability or needs a reasonable accommodation. However, employees who have been informed about the ADA's protections in a general manner will understand that an employer must provide a reasonable accommodation that will enable an employee with a disability to perform the essential functions of his job and thus remain a productive member of the workforce. If accommodations are viewed in this way, there is a distinction between accommodating a disabled worker and making adjustments for able-bodied workers that make their jobs less physically demanding. While an employer may always choose to make ergonomic changes that help to prevent worker injuries, the ADA's requirements only extend to qualified individuals with disabilities.

If the dialogue between labor and management concerning the obligation to accommodate the individual with a disability is handled cooperatively, other employees will come to understand that different people can perform the same job in different ways and that the ADA will also protect them in the event of a future disability. By working closely with labor to ease the assimilation of individuals with disabilities back into the workplace, employers can achieve a result that is beneficial to all involved, and can create an atmosphere which facilitates the resolution of future conflicts. Employers may wish to consult experts in the field of labor relations and the ADA for additional guidance.

Beyond the ADA

Understandably, employers worry about the impact of the ADA on the cost of doing business. In most cases, however, accommodating a worker cost less than disability compensation does. Employers, in fact, have much to gain by investing in ergonomic redesigns to the entire workplace that go beyond the intent of the ADA. It has been estimated, for example, that the proper design of manual handling tasks can reduce by up to one-third the incidence of industrial back disorders.

Matching individuals to jobs, emphasizing employee skills and abilities, rather than limitations, and designing work stations and environments that minimize the likelihood of injury will lead to positive outcomes benefiting both employers and employees. In addition, jobs incorporating ergonomic design principles will often have positive impacts

on product quality and employee productivity. Joint labor-management ergonomics programs are effective at identifying workplace risk factors and interventions.

Resources

If you have more specific questions about the ADA or Musculoskeletal disorders, please consult the resources listed below.

- ADA Regional Disability and Business Technical Assistance Center: 1-800-949-4232 (voice/TTY); web: www.advoc4disabled.state.ny.us
- Equal Employment Opportunity Commission: 1801 L Street, NW, Washington, D.C. 20507, 800-669-4000 (voice) to reach EEOC field offices; for publications call 800-800-3302 or 800-669-EEOC (voice/TTY); web: www.eeoc.gov
- Job Accommodation Network (JAN): West Virginia University, P.O. Box 6080, engin.umich.edu/dept/ioe/C4E/ Morgantown, West Virginia 26506-6080, telephone 800-526-7234; web: www.jan.wvu.edu
- The University of Michigan Center for Ergonomics: 1205 Beal, IOE Building, Ann Arbor, MI 48109-2117, 734-763-0133 (voice); web: www

Other Web-Based Resources

- American Board of Industrial Hygiene (ABIH): abih.org
- American Conference of Governmental Industrial Hygienist (ACGIH): www.ACGIH.org
- American Industrial Hygiene Association (AIHA): www.aiha.org/index.html
- Microsoft Accessibility Support: www.microsoft.com/enable
- NAS Workshop on Musculoskeletal Injuries, August 20 & 21, 1998 Report: www.nap.edu/bookstore/index.html
- National Center for Medical Rehabilitation Research: silk.nih.gov/silk/NCMRR/default.htm
- National Institute for Occupational Safety and Health (NIOSH): www.cdc.gov/niosh/homepage.html National Institute on Disability and Rehabilitation Research (NIDRR): www.ed.gov/offices/OSERS/NIDRR/
- National Rehabilitation Information Center: www.cais.com/naric
- Orthopaedic Section, American Physical Therapy Association, Inc.: www.orthopt.org
- Rehabilitation Engineering and Assistive Technology Society of North America (RESNA): www.resna.org/
- We Media: www.wemedia.com

Section 8 – Working Effectively with Individuals Who Are HIV-Positive

Are HIV-Positive Persons or Those Diagnosed with AIDS Considered to Have a Disability?

Yes, as the U.S. Congress, the Equal Employment Opportunity Commission, and the courts have indicated, those who are known or perceived to be infected with the human immunodeficiency virus (HIV) meet the definition of disability under The Americans with Disabilities Act of 1990 (ADA). This is due to the fact that HIV infection is a substantially limiting impairment. Anti-discrimination provisions also apply to caregivers and/or those who have a relationship or association with those with HIV infection.

What Can an Employer Ask About the Medical Condition of an HIV-Positive Person?

Employers may not ask job applicants about the existence, nature or severity of a disability. Nor can an employer require any applicant to undergo a medical examination. Thus, an employer cannot ask applicants if they have HIV infection, AIDS, or any opportunistic infection associated with AIDS. Nor can an employer require any applicant to take an HIV antibody test because that is a medical examination. However, applicants may be asked about their ability to perform specific job functions.

Under the ADA, an employer may ask individuals whether they have HIV infection or AIDS only after extending a conditional offer of employment. However, questions must be asked of all individuals entering a job category, not just an individual suspected of HIV infection. If a conditional job offer is withdrawn because of the results of such examination or inquiry, an employer must be able to show that:

- The reasons for the exclusion are job-related and consistent with business necessity, or the person is being excluded to avoid a "direct threat" to health or safety; and that
- No reasonable accommodation was available that would enable this person to perform the essential job functions without a significant risk to health or safety, or that such an accommodation would cause undue hardship.

Information that an individual has HIV infection will rarely justify withdrawal of the job offer. In many cases, HIV infection and AIDS will not interfere with the individual's ability to perform the essential job functions. Moreover, the individual is entitled to a reasonable accommodation to permit performance of essential job functions. Since the mere fact that an individual has HIV infection will almost never justify revoking a job offer, employers may want to consider whether it is advisable to make such inquiries. Similarly, employers may not want to conduct HIV testing because the results alone will not justify revocation of a job offer. Once an employer obtains such information, it must be kept confidential and the employer could be held liable if there is any breach of confidentiality. Asking current employees whether they have HIV infection or AIDS, or requiring employees to take an HIV antibody test, will rarely be permissible under the

ADA, unless the employer can show that such inquiries or testing is job-related and consistent with the employers' business necessity.

What is Reasonable Accommodation?

The critical concept in the employment provisions (Title I) of the Americans with Disabilities Act of 1990 (ADA) is that of "reasonable accommodation". Reasonable accommodation is any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to participate in and enjoy an equal employment opportunity. The employers obligation to provide a reasonable accommodation applies to all aspects of employment; the duty is ongoing and may arise any time a person's disability or job changes. An employer is not required to provide an accommodation that will impose an undue hardship on the operation of the employer's business. An employment opportunity cannot be denied to a qualified applicant or employee solely because of the need to provide reasonable accommodation.

If the cost of the accommodation would impose an undue hardship on the employer, the employer should determine if financial or technical assistance is available elsewhere, or the individual with a disability should be given the option of paying that portion of the cost which would otherwise constitute an undue hardship for the employer.

Since estimates show as many as 1 in 250 Americans is infected with HIV, accommodation in the workplace for infected individuals who can continue to work makes economic, as well as common sense. Since these individuals' presence in the workplace poses no threat of transmission, their experience on the job is an asset to be retained. In addition, even those HIV-infected individuals who develop full-blown AIDS are able to remain productive members of the workforce for extended periods. These working years are increasing due to new treatments being introduced for HIV infection.

What Types of Accommodations Should be Considered for HIV-Positive Employees?

It is helpful if employers have established policies on non-discrimination for persons with life-threatening illnesses. These policies should emphasize that employees with illnesses such as cancer, AIDS, and heart disease may wish and be able to work a regular or modified work schedule. Most people infected with HIV do not show any symptoms of disease for many years after infection.

If the HIV-positive employee eventually becomes unable to perform essential functions, the employer must consider whether reasonable accommodation will permit him/her to do so.

Examples include:

- Flex-time to allow for medical appointments, treatment and counseling;

- Auxiliary aids and services, for example, large print for someone with AIDS who has developed a vision impairment; and
- Additional unpaid leave.

Which Employee Records Require Confidential Handling?

As previously mentioned, the ADA imposes very strict limitations on the use of information obtained from medical inquiries and examinations, including information relating to a person's HIV infection/AIDS. All such information must be collected and maintained on separate forms, in separate medical files, and must be treated as a confidential medical record. This information cannot be stored in an employee's personnel file. There are only five situations in which medical information may be shared with others. This includes: sharing medical information with supervisors and managers about necessary restrictions on the work or duties of an employee, and necessary accommodations; first aid and safety personnel if the disability might require emergency treatment; government officials investigating compliance with the ADA; state workers' compensation offices or "second injury" funds; and insurance companies.

What if the Employer Feels that the Person who is HIV Positive Poses a Direct Threat to Health or Safety of Others, or Themselves?

The ADA does not require an employer to hire or retain an individual whose disability poses a "direct threat" to the health or safety of others or to him/herself. Direct threat means that an individual poses a "significant risk of substantial harm" to self or others, and covers concerns about transmission of infectious diseases, including HIV infection. A direct threat determination must be done on an individualized basis, assessing both the individual with a disability, his/her essential job functions, and the workplace. The assessment of risk must be based on current, objective medical or other factual evidence. "A speculative or remote risk will not constitute a direct threat". If a direct threat is identified, the employer must determine whether a reasonable accommodation will eliminate or reduce the risk so that it is below the level of a direct threat.

Medical and public health authorities have established that HIV infection cannot be transmitted through casual, social contact as exists in the vast majority of jobs and workplaces. Nor is HIV infection transmissible through food or food handling. As a result, HIV transmission in the workplace will rarely constitute a direct threat and thus can only rarely be the basis for firing or refusing to hire an individual with HIV infection.

An employer who treats a person with HIV infection or AIDS differently because of concerns that the individual may have tuberculosis and may infect others will violate the ADA. The mere fact that a person has HIV infection or AIDS does not mean the person has tuberculosis or any other impairment. Thus, it would be discrimination to refuse to hire a person with HIV infection because of concerns that the person might have active tuberculosis, or might develop tuberculosis in the future. Neither of these scenarios constitute a direct threat under the ADA because they are based on speculation.

Employees who are HIV-positive or have AIDS, as determined by a physician, may require the employee to be removed, temporarily or permanently, from environments dangerous to his/her own health. For example, a worker with immune system compromise in a child-care center may need temporary removal from exposure to children who have received live polio vaccine within 30 days, or have measles, as recommended in 1993 by the Centers for Disease Control and Prevention. The employer has the burden of proving that an individual's employment poses a direct threat. It is important that appropriate medical or public health resources and expertise be sought by the employer to assist in such accommodation decisions.

Does The ADA Affect the Employer's Choice of Insurance Benefits Where Coverage of HIV-Positive Persons is Concerned?

Employees with HIV infection/AIDS must be given equal access to whatever insurance or benefit plans the employer provides. An employer cannot fire or refuse to hire an individual with HIV infection/AIDS because the individual may increase the employer's future health care costs. Similarly, an employer cannot fire or refuse to hire an individual because the individual has a family member or dependent with HIV infection/AIDS that may increase the employer's future health care costs. However, universal preexisting condition clauses are permissible.

The EEOC has published guidance on health insurance plans that single out HIV infection, or any other disability for different treatments. Health plans that exclude coverage of HIV infection or place a lower cap on HIV as compared with other disabilities may violate the ADA if the employer cannot justify the differences in coverage.

Where Can I Find Resources to Assist in Accommodating the HIV-Positive Employee and Provide General Education on HIV to Our Workplace?

Workplace education which emphasizes that HIV and AIDS are not transmitted by casual contact may allow such an employee to be accommodated within a supportive atmosphere. It will also serve to reassure co-workers that they are not at risk and thus help preserve workforce productivity. The following are some possible resources to assist in the design of training for supervisors and co-workers or in the identification of an accommodation for a particular individual.

Resources:

- National AIDS Hotline for education, information, and referrals: 800-342-AIDS. For Spanish access, 800-344-SIDA; or for deaf access, 800-AIDS-TTY.
- ADA Regional Disability and Business Technical Assistance Center Hotline - 800-949-4232 (voice/TTY).
- The Equal Employment Opportunity Commission helpline: 800-669-4000 (voice); 800-800-3302 (TTY); 800-669-EEOC (publications-voice).

- National Leadership Coalition on AIDS 1730 M Street, NW, Suite 905
Washington, DC 20036 202-429-0930.
- Job Accommodation Network: 800-JAN-7234 (US outside West Virginia) 800-
JAN-INWV (inside West Virginia) 800-JAN-CANA (throughout Canada).

Section 9 – Working Effectively with Individuals Who have Cognitive Disabilities

What is a Cognitive Disability?

Cognitive disabilities are disabilities that affect a person's awareness; memory; and ability to learn, process information, communicate, and make decisions. They affect a person's cognition, that is, the act or process of knowing, including awareness and judgment. "Cognition" refers to "understanding," the ability to comprehend what you see and hear, and to infer information from social cues and body language. People with these impairments may have trouble learning new things, making generalizations from one situation to another, and expressing themselves through spoken or written language. Cognitive limitations can arise at any age but those encountered in people of employable age are very likely to have existed since childhood; in this case the limitation may have affected life experience as well as school learning.

Cognitive limitations of varying degrees can often be found in people who have been classified in school as having a learning disability, mental retardation, autism, multiple disabilities, or who have been diagnosed as having traumatic brain injury. It is important, however, not to approach an individual with any preconceived notions as to his or her specific capabilities. Since the type of supports needed is highly individual, an employer should take time to get acquainted with the applicant or employee and structure job accommodations accordingly.

What Considerations Might be Important in the Job Application and Interview Process?

Individuals with cognitive disabilities may require help during the job application and interview process. Some easy accommodations to make during this process could include:

- Using multiple formats to advertise job postings, such as newspaper and radio advertising.
- Simplifying and minimizing wording on the job application;
- Clarifying issues and assisting an individual in completing information required on the job application;
- Conducting a verbal interview to obtain job application information that may be more complex in nature and difficult to put in writing;
- Allowing others to help the applicant fill out the application;
- Describing job requirements clearly, concisely and simply, or showing the person the job;
- Adjusting length of interview to maximize applicant's ability to remain attentive and decrease stress levels; and
- Interviewing in a quiet, informal, distraction-free environment.

What About Job Training and Performance Considerations?

Individuals with cognitive disabilities may have relevant work experience, but sometimes will require job training. In this case, the reasonable accommodation needed may be to have added assistance in job training. This type of accommodation could mean that the employer or supervisor:

- Spends additional time in training the new employee;
- Breaks job tasks down into smaller steps that are more clearly defined;
- Use very clear and basic language to provide job instructions;
- Develops a set routine in a job; develops a consistent work sequence;
- Allows the employee to use alarm watches or timers;
- Develops pictures or diagrams showing the job sequence to assist in learning tasks;
- Teaches the employee with the disability how to follow the example of co-workers to learn work routines and appropriate work behaviors;
- Encourages co-worker involvement in ongoing support, if needed; and
- Provides extended supervision.

The employer should maintain an open relationship with the employee regarding performance and work behavior expectations. The employer or supervisor should take time to orient the employee to company rules as presented in the basic orientation training or company handbook. The employer must be sure the employee understands the expected quantity and quality of work and how that will be judged.

Another accommodation may involve job restructuring. The employer would reallocate or redistribute to others the job functions that an employee is unable to perform because of the cognitive disability. Job functions may also be exchanged among employees, so that the employee with a disability is assigned job functions that other employees may have performed. The result is a restructured job that accommodates the employee's disability. The employer does not have to eliminate an essential job function when restructuring a job. A person who cannot perform an essential function, a fundamental duty of the position, is not considered qualified for the job.

However, an employer could modify when or how an essential function is performed. For example, allowing an employee to do paperwork in the morning when s/he is more rested rather than at the end of the day, or allowing the use of talking software instead of traditional word processing software.

The employer may also provide a reasonable accommodation by allowing an employee with a disability to work a modified or part-time schedule. An example of this is allowing an employee who depends on public transportation to adjust work arrival and departure times to coincide with the bus schedule. Another example is job sharing where two individuals with a disability each work half time to perform one full-time job.

Other accommodations include making existing facilities accessible, acquiring or modifying equipment used in the job, and, as a last resort, reassignment to a vacant position.

What Is Reasonable Accommodation Related to Benefits and Privileges of Employment?

The ADA's mandate to accommodate includes all aspects of employment. The benefits and privileges of employment are those enjoyed by similarly situated employees without disabilities. Examples of benefits and privileges include training; services such as cafeterias, credit unions and transportation; and parties and other business-related social functions. The person with a cognitive disability may need assistance in fitting in with co-workers. The employee might need added assistance to be included in company social events, to participate in employer-sponsored training, and to be considered for job advancement and promotional opportunities.

Supports of this nature could include:

- Developing a transportation network to aid the employee in attending social activities;
- Facilitating relationships with co-workers;
- Ensuring the employee with a disability has access to information communicated to all employees;
- Ensuring accessibility of training activities;
- Having the trainer adapt materials and instruction to meet the needs of employees with cognitive disabilities;
- Investigating other jobs for promotion potential; and
- Modifying a workplace policy to accommodate the employee's disability

Are There Other Possible Considerations in Working with People with Cognitive Disabilities?

The ADA encourages an informal, interactive, reasonable accommodation process, which starts with the employer and the person with the disability jointly exploring what the best accommodation might be to support the individual. In the case of a person with cognitive disabilities, it may be desirable to involve someone who can serve as an advocate and assist in communication, such as a job coach, family member, or rehabilitation counselor in this process. The potential employee should, to the maximum extent possible, be central in these discussions.

Individuals with cognitive disabilities who aspire to enter the job market generally have some sense of their own limitations. In fact, such a sense is usually a positive indicator of success; at the same time, the individual is likely to be sensitive to the stigma attached to his or her limitations and eager not to be identified as "retarded" or "stupid." The initial encounter is therefore very important. Creating an atmosphere of acceptance and trust at the outset facilitates accessibility and is a good business practice.

While an individual with a cognitive disability may require support in the various areas discussed, it is important to check with the individual regarding the level of support that he or she may need. Other considerations may include:

- Not speaking in so simple, loud, or basic a manner as to offend the individual;
- Assigning and matching jobs that appropriately challenge and engage the individual;
- Speaking directly to the individual regarding matters of concern;
- Encouraging natural social relationships with co-workers; and
- When using adaptations, job modifications or other supports, making sure the individual with the disability is included in deciding which kinds of aids will be useful.

Where Can I Find Resources to Assist in the Accommodation Process?

The local office of the state vocational rehabilitation agency and other community-based employment agencies for people with cognitive disabilities are possible resources for job coaches to assist the individual in the job application process, learning the tasks of the job, and sustaining and progressing in the job. Additional resources are listed below.

Resources

- President's Committee on Employment of People with Disabilities
1331 F St., Suite 300 Washington, DC 20004.
(202) 376-6200 (voice); (202) 376-6205 (TTY).
[www.pcepd.gov].
PCEPD answers employment questions and funds the Job Accommodation Network (see below).
- Job Accommodation Network
1-800-526-7234 (VTTY).
[www.jan.wvu.edu/]
The Job Accommodation Network is an international toll-free consulting service that provides information about job accommodations and the employability of people with disabilities.
- ADA Regional Disability and Business Technical Assistance Center Hotline
(800) 949-4232 (voice/TTY). This connects the caller to the nearest Disability and Business Technical Assistance Center established in ten regions specifically to answer questions about the Americans with Disabilities Act.
- State Offices of Vocational Rehabilitation,
[<http://janweb.icdi.wvu.edu/sbses/VOCREHAB.HTM>]
This site locates each state vocational rehabilitation agency.
These agencies coordinate and provide a number of services for people with disabilities, including counseling, evaluation, training and job placement.
- The Association for Persons in Supported Employment (APSE)
1627 Monument Avenue
Richmond, VA 23220

phone(804) 278-9187

[<http://apse.org/>] Information on supported employment for people with cognitive disabilities.

- The Arc of the United States
1010 Wayne Ave., Suite 650
Silver Spring, MD 20910
(301) 565-3842
- [<http://TheArc.org>] Contact The Arc for information on employment of people with mental retardation and related disabilities.
The Arc's Publications Desk,
3300 Pleasant Valley Lane, Suite C,
Arlington, Texas 76015,
(888) 368-8009
[www.TheArcPub.com]
Video and brochure: Everybody Wins! Tips for Supervising the Employee with Mental Retardation

Education

School _____

Address _____

City _____ State ____ Zip _____

Courses or subjects _____

Dates attended _____

Did you graduate? yes no year _____

School activities (clubs, offices, sports, etc.)

1. _____

2. _____

3. _____

School _____

Address _____

City _____ State ____ Zip _____

Courses or subjects _____

Dates attended _____

Did you graduate? yes no year _____

School activities (clubs, offices, sports, etc.)

1. _____

2. _____

3. _____

References*You will need several references. Obtain permission before using names.*

Name _____

Occupational title _____

Address _____

City _____ State ____ Zip _____

Phone number _____

Name _____

Occupational title _____

Address _____

City _____ State ____ Zip _____

Phone number _____

Name _____

Occupational title _____

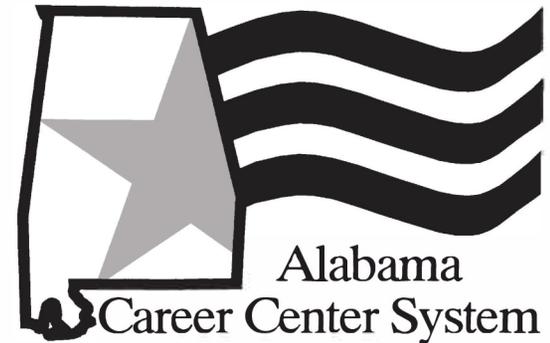
Address _____

City _____ State ____ Zip _____

Phone number _____

The Alabama State Employment Service is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Pocket Resume for Job Interviews



Preparation

- Learn something about company.
- Have specific job or jobs in mind.
- Fill in *Pocket Resume*.
- Review, in your mind, your qualifications for the job (or jobs).
- Be prepared to answer broad questions about yourself.

Appearance

- Be well groomed.
- Dress appropriately.
- Apply make-up tastefully.

Tests

- Listen to instructions.
- Read each question thoroughly.
- Write legibly.
- Don't dwell too long on one question.

Interview

- Be prompt.
- Answer questions directly and truthfully.
- Be well mannered.
- Use proper grammar and good diction.
- Be enthusiastic and cooperative.
- Don't be afraid to ask questions.

Sample Resume

This information is often requested at a job interview. Fill in the information ahead of time and take it with you as a reference.

Personal

Name _____

Address _____

City _____ State ____ Zip _____

Phone number _____

SSN _____

Valid driver's license: yes no

Previous Employment

Include summer and part-time jobs.

Employer _____

Address _____

City _____ State ____ Zip _____

Job title _____

Duties _____

Supervisor's name _____

Dates: from _____ to _____

Salary: start _____ finish _____

Employer _____

Address _____

City _____ State ____ Zip _____

Job title _____

Duties _____

Supervisor's name _____

Dates: from _____ to _____

Salary: start _____ finish _____

Employer _____

Address _____

City _____ State ____ Zip _____

Job title _____

Duties _____

Supervisor's name _____

Dates: from _____ to _____

Salary: start _____ finish _____

ADRS Referral Form

Purpose of Referral

Client's Medical/Mental Health Complaint: _____

Date: _____

Person Referring the Client: _____

Phone Number: _____

Referral Information

Name: _____

Address (include zip code): _____

Phone Number/Email Address: _____

Services Requested: _____

Medical Insurance:

Applied for Social Security: Yes No

Currently Receiving Social Security benefits? Yes No Amount: _____ Type: _____

Employment History: _____

Educational Background: _____

Doctor's Name, Phone Number, Address: _____

Describe any limitations from your disability that have affected you on previous jobs or obtaining a job:

Have you received services from ADRS in the past? Yes No Date: _____

Name of Counselor: _____

ADRS Referral Form

Purpose of Referral

Client's Medical/Mental Health Complaint: _____

Date: _____

Person Referring the Client: _____

Phone Number: _____

Referral Information

Name: _____

Address (include zip code): _____

Phone Number/Email Address: _____

Services Requested: _____

Medical Insurance:

Applied for Social Security: Yes No

Currently Receiving Social Security benefits? Yes No Amount: _____ Type: _____

Employment History: _____

Educational Background: _____

Doctor's Name, Phone Number, Address: _____

Describe any limitations from your disability that have affected you on previous jobs or obtaining a job:

Have you received services from ADRS in the past? Yes No Date: _____

Name of Counselor: _____

ADVANCE PAYMENT OF TRANSPORTATION COSTS

CASE MANAGER WILL COMPLETE WITH THE CLIENT AND AUTHORIZE ON FACETS OR SUBMIT TO THE FINANCE OFFICE, AS APPROPRIATE.

Payment Issued By: FACETS County Finance Office

First Time Recipient of Advance Payment Recurring Recipient of Advance Payment

CASE NAME: _____ CASE # _____

ACTUAL EXPENSE PERIOD: FROM _____ TO _____
(Must not be longer than two weeks)

HOME ADDRESS _____

TRAVEL DURING THE EXPENSE PERIOD WILL BE BY (CHECK BOX THAT APPLIES):

MY CAR RELATIVE'S CAR BUS OTHER

ESTIMATED ROUND TRIP MILES _____ X \$._____ PER MILE RATE X _____ (# of Days)

OR

ESTIMATED DAILY COST \$ _____ X _____ (Number of Days)

TOTAL ADVANCE PAYMENT AMOUNT \$ _____

CLIENT'S ACKNOWLEDGEMENT OF THE REQUEST FOR ADVANCE PAYMENT:

MY SIGNATURE BELOW ACKNOWLEDGES MY REQUEST FOR ADVANCE PAYMENT FOR TRANSPORTATION. I AGREE TO ATTEND EACH DAY OF THE ACTIVITY TO WHICH I AM ASSIGNED FOR THIS PERIOD AND IF I DO NOT I MAY HAVE TO PAY BACK THE ADVANCE PAYMENT I RECEIVED. I ALSO UNDERSTAND THAT LACK OF TRANSPORTATION IN THIS INSTANCE WILL NOT BE CONSIDERED A GOOD CAUSE REASON.

CLIENT SIGNATURE _____ DATE _____

CASE MANAGER'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

DATE ENTERED ON FACETS _____ INITIALS _____

CLIENT'S ACKNOWLEDGEMENT OF THE RECEIPT OF ADVANCE PAYMENT:

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT BELOW I AM ACKNOWLEDGING THE RECEIPT OF THIS ADVANCE TRANSPORTATION EXPENSE. I HAVE READ OVER THE DOCUMENT AND AGREE THAT THE INFORMATION CONTAINED IS TRUE TO THE BEST OF MY KNOWLEDGE.

PLEASE PRINT NAME _____

SIGNATURE DATE

ORIGINAL: Finance Office/Central File

COPIES: Case Record and Client

ADVANCE PAYMENT OF TRANSPORTATION COSTS

CASE MANAGER WILL COMPLETE WITH THE CLIENT AND AUTHORIZE ON FACETS OR SUBMIT TO THE FINANCE OFFICE, AS APPROPRIATE.

Payment Issued By: FACETS County Finance Office

First Time Recipient of Advance Payment Recurring Recipient of Advance Payment

CASE NAME: _____ CASE # _____

ACTUAL EXPENSE PERIOD: FROM _____ TO _____
(Must not be longer than two weeks)

HOME ADDRESS _____

TRAVEL DURING THE EXPENSE PERIOD WILL BE BY (CHECK BOX THAT APPLIES):

MY CAR RELATIVE'S CAR BUS OTHER

ESTIMATED ROUND TRIP MILES _____ X \$._____ PER MILE RATE X _____ (# of Days)

OR

ESTIMATED DAILY COST \$ _____ X _____ (Number of Days)

TOTAL ADVANCE PAYMENT AMOUNT \$ _____

CLIENT'S ACKNOWLEDGEMENT OF THE REQUEST FOR ADVANCE PAYMENT:

MY SIGNATURE BELOW ACKNOWLEDGES MY REQUEST FOR ADVANCE PAYMENT FOR TRANSPORTATION. I AGREE TO ATTEND EACH DAY OF THE ACTIVITY TO WHICH I AM ASSIGNED FOR THIS PERIOD AND IF I DO NOT I MAY HAVE TO PAY BACK THE ADVANCE PAYMENT I RECEIVED. I ALSO UNDERSTAND THAT LACK OF TRANSPORTATION IN THIS INSTANCE WILL NOT BE CONSIDERED A GOOD CAUSE REASON.

CLIENT SIGNATURE _____ DATE _____

CASE MANAGER'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

DATE ENTERED ON FACETS _____ INITIALS _____

CLIENT'S ACKNOWLEDGEMENT OF THE RECEIPT OF ADVANCE PAYMENT:

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT BELOW I AM ACKNOWLEDGING THE RECEIPT OF THIS ADVANCE TRANSPORTATION EXPENSE. I HAVE READ OVER THE DOCUMENT AND AGREE THAT THE INFORMATION CONTAINED IS TRUE TO THE BEST OF MY KNOWLEDGE.

PLEASE PRINT NAME _____

SIGNATURE DATE

ORIGINAL: Finance Office/Central File

COPIES: Case Record and Client

Advance Payment of Transportation Costs Instructions

This form must be completed when a JOBS client requests an advance payment for transportation costs that will be incurred in order for the client to work or participate in a JOBS activity. The form must be completed and signed by the client, case manager, and supervisor prior to the issuance of each advance payment, regardless of whether the payment will be issued through FACETS or the County Finance Office.

Payment Issued By: Check the appropriate box that indicates whether the payment will be issued through FACETS or the county financial officer. **Reminder:** Payments issued through FACETS may take longer for the client to receive them than those issued by the financial officer, as these payments will be authorized on ZD25 by the case manager, entered on ZE14 by data entry or other designated staff, and mailed to the client by the State Finance Office.

For line 2, check the **First Time Recipient of Advanced Payment** box only if the payment is the first advanced payment the client has received; or check the **Recurring Recipient of Advance Payment** box if the client has received other advance payments prior to this payment.

Case Name and Case #: Enter the JOBS case name and number.

Actual Expense Period: Enter the beginning and end dates covered by the payment in the **From** and **To** spaces, respectively.

Home Address: Enter the client's address information, including street, city, state, and zip code.

Travel During The Expense Period Will Be By: Check the appropriate box. If the **My Car** box is checked, the payment must be based on mileage. If the **Relative's Car** box is checked, the payment may be based on mileage or a daily rate charged by the relative. If the **Bus** or **Other** box is checked, the payment must be based on a daily rate.

Estimated Round Trip Miles: If the payment will be based on the number of miles the client will travel in his/her vehicle or a relative's vehicle, use this line as a guide for calculating the amount of the payment. Enter the number of miles to and from the activity each day, *enter the current reimbursement rate for mileage as listed in JPPM section 630-A1c*, and the number of days that the client will travel to and from the activity. Then, manually calculate the amount of the payment as indicated by the guide and enter the results in the **Total Advance Payment Amount** space.

Or

Estimated Daily Cost: If the payment will be based on a specified rate that the client will be charged each day of participation for travel by bus or other means, use this line as a guide for

Advance Payment of Transportation Costs Instructions (Continued)

calculating the amount of the payment. Enter the daily rate and the number of days the client will have to pay that rate to participate. Then, manually calculate the amount of the payment as indicated by the guide and enter it in the **Total Advance Payment Amount** space.

Client's acknowledgement of the Request for Advance Payment: This statement must be read by or to the client. The client must then sign his/her name in the **Client Signature** space and enter the date of his/her signature in the **Date** space to acknowledge his/her request for the advance payment. The client's acknowledgement of his/her request is required regardless of whether the payment is issued through FACETS or by the financial officer.

Case Manager's Signature and Date: The case manager must sign and date the form in these spaces to indicate the client is eligible for the advance payment and the payment has been or will be authorized on ZD25. The case manager's signature is required regardless of whether the payment is issued through FACETS or by the financial officer.

Supervisor's Signature: The case manager's supervisor or other supervisor designated by the county director must sign and date the form to indicate approval of the advance payment and case manager's actions. The supervisor's signature is required regardless of whether the payment is issued through FACETS or by the financial officer.

Date Entered on FACETS and Initials: Complete these spaces only if the payment will be issued through FACETS. The person who completes ZE14 must enter the date the payment was entered on ZE14 and his/her initials. This person must not be the case manager (or other person) who authorized the payment on ZE25.

Client's Acknowledgement of the Receipt of Advance Payment: The client must complete these spaces only if the payment will be issued by the financial officer. The statement must be read by or to the client. The client's name must be printed in the **Please Print Name** space. The client must then sign and enter the date of his/her signature in the **Signature** and **Date** spaces, respectively, to acknowledge actual receipt of the advance payment check from the county finance officer.

Distribution:

If issued through FACETS

Original: County Central File
Copies: Case Record
Client

If issued by County Finance Office

Original: Finance Office
Copies: Central File
Case Record
Client

Advance Payment of Transportation Costs Instructions

This form must be completed when a JOBS client requests an advance payment for transportation costs that will be incurred in order for the client to work or participate in a JOBS activity. The form must be completed and signed by the client, case manager, and supervisor prior to the issuance of each advance payment, regardless of whether the payment will be issued through FACETS or the County Finance Office.

Payment Issued By: Check the appropriate box that indicates whether the payment will be issued through FACETS or the county financial officer. **Reminder:** Payments issued through FACETS may take longer for the client to receive them than those issued by the financial officer, as these payments will be authorized on ZD25 by the case manager, entered on ZE14 by data entry or other designated staff, and mailed to the client by the State Finance Office.

For line 2, check the **First Time Recipient of Advanced Payment** box only if the payment is the first advanced payment the client has received; or check the **Recurring Recipient of Advance Payment** box if the client has received other advance payments prior to this payment.

Case Name and Case #: Enter the JOBS case name and number.

Actual Expense Period: Enter the beginning and end dates covered by the payment in the **From** and **To** spaces, respectively.

Home Address: Enter the client's address information, including street, city, state, and zip code.

Travel During The Expense Period Will Be By: Check the appropriate box. If the **My Car** box is checked, the payment must be based on mileage. If the **Relative's Car** box is checked, the payment may be based on mileage or a daily rate charged by the relative. If the **Bus** or **Other** box is checked, the payment must be based on a daily rate.

Estimated Round Trip Miles: If the payment will be based on the number of miles the client will travel in his/her vehicle or a relative's vehicle, use this line as a guide for calculating the amount of the payment. Enter the number of miles to and from the activity each day, *enter the current reimbursement rate for mileage as listed in JPPM section 630-A1c*, and the number of days that the client will travel to and from the activity. Then, manually calculate the amount of the payment as indicated by the guide and enter the results in the **Total Advance Payment Amount** space.

Or

Estimated Daily Cost: If the payment will be based on a specified rate that the client will be charged each day of participation for travel by bus or other means, use this line as a guide for

Advance Payment of Transportation Costs Instructions (Continued)

calculating the amount of the payment. Enter the daily rate and the number of days the client will have to pay that rate to participate. Then, manually calculate the amount of the payment as indicated by the guide and enter it in the **Total Advance Payment Amount** space.

Client's acknowledgement of the Request for Advance Payment: This statement must be read by or to the client. The client must then sign his/her name in the **Client Signature** space and enter the date of his/her signature in the **Date** space to acknowledge his/her request for the advance payment. The client's acknowledgement of his/her request is required regardless of whether the payment is issued through FACETS or by the financial officer.

Case Manager's Signature and Date: The case manager must sign and date the form in these spaces to indicate the client is eligible for the advance payment and the payment has been or will be authorized on ZD25. The case manager's signature is required regardless of whether the payment is issued through FACETS or by the financial officer.

Supervisor's Signature: The case manager's supervisor or other supervisor designated by the county director must sign and date the form to indicate approval of the advance payment and case manager's actions. The supervisor's signature is required regardless of whether the payment is issued through FACETS or by the financial officer.

Date Entered on FACETS and Initials: Complete these spaces only if the payment will be issued through FACETS. The person who completes ZE14 must enter the date the payment was entered on ZE14 and his/her initials. This person must not be the case manager (or other person) who authorized the payment on ZE25.

Client's Acknowledgement of the Receipt of Advance Payment: The client must complete these spaces only if the payment will be issued by the financial officer. The statement must be read by or to the client. The client's name must be printed in the **Please Print Name** space. The client must then sign and enter the date of his/her signature in the **Signature** and **Date** spaces, respectively, to acknowledge actual receipt of the advance payment check from the county finance officer.

Distribution:

If issued through FACETS

Original: County Central File
Copies: Case Record
Client

If issued by County Finance Office

Original: Finance Office
Copies: Central File
Case Record
Client

Monthly Attendance/Progress Report (MAPR)

Purpose: The Monthly Attendance Progress (MAPR) form is to be used by service providers to document and verify monthly attendance and progress in unpaid work activities for JOBS clients.

INSTRUCTIONS FOR COUNTY JOBS PROGRAM STAFF: The MAPR is now an Excel file that allows users to complete information on the form with the computer. The fields to be completed by the county office can be entered and saved. The form can then be emailed to the service provider or printed and given to the service provider or to clients to take to providers for completion in writing. **These instructions must be given along with the form.** A separate form will be printed for each month the client is assigned to the activity. The fields to be completed by the county are: County, Address, City, State, Zip, Phone, Case Name, Last Four of Case Number, Provider Name, Date Form Due, Component, DHR Contact Person, Email, and Phone. All fields are self-explanatory.

INSTRUCTIONS FOR SERVICE PROVIDERS: The **service provider** should complete the following sections of the report as stated below and submit back to the County JOBS Program by the “Date Form Due”. The form can be completed by writing and returned by postal mail to the county using the address at the top of the form. The form can also be completed in Excel, printed, and returned to DHR by scanning and emailing to the address of the worker located on the right of the form, or printed after completion in Excel and returned by postal mail.

- **Completed By, Phone, and Prv (Provider) Email:** Enter the name of the person who completed the report, a contact phone number, and if applicable, an email address.
- **Attnd Hrs (Attended Hours):** Enter the # of hours the client attended (participated) for each date. *If the participation was in an educational component, only the hours spent in actual, online, or virtual class time should be entered.* The totals will automatically be calculated and entered at the bottom of the column *if completed in Excel.*
- **Spv Hw Hrs (Supervised Homework Hours) –** *If the attendance is reported by the school/instructor, supervised homework hours are those which the school/instructor actually supervise, such as study hall or in-school homework. The school/instructor will enter the number of daily hours in the supervised setting attended by the client. The totals will automatically be calculated and entered at the bottom of the column if completed in Excel.*
- **Hours Absent:** Enter the # of hours the client was absent on each date s/he was scheduled to attend. The totals will automatically be calculated and entered at the bottom of the column *if completed in Excel.*
- **Holiday Hours:** Enter the **number** of hours the client was allowed time off for observance of one of the **listed** holidays on the right side of the form, **if** the client would have been otherwise scheduled to attend on that date. If the provider was closed on a holiday that is not listed and the client was otherwise scheduled to attend on that date enter the hours the client was scheduled to attend under **Hours Absent**. If the month does not contain any allowable holiday hours there will be no column for holiday hours. If completed in Excel the totals will automatically be calculated and entered at the bottom of the column.
- **Please list the number of class hours the client attended for the month:** This field is to be completed only if the client is engaged in educational activities. The hours to be entered are only those hours that represent actual time spent in class during the month (*clinical hours are to be included*). Examples of educational activities are vocational training, job skills training, education directly related to employment, or secondary education/GED.
- **Please list the number of homework hours for the month:** This field is to be completed only if the client is engaged in educational activities. The number entered in this field should represent the total number of homework hours that were required or recommended by the educational program for the month. Examples of educational activities include vocational training, job skills training, education directly related to

employment, or secondary education/GED. *The county may have previously obtained this information and this is an optional field.*

INSTRUCTIONS FOR CLIENTS IN EDUCATIONAL ACTIVITIES SUPERVISED BY THE CASE MANAGER: *The client should complete the following sections of the report as stated below and submit back to the County JOBS Program by the “Date Form Due”. The form can be completed by writing and returned by One Alabama, email, by hand to the county office, or by postal mail to the county using the address at the top of the form. The form can also be completed in Excel and returned by any of those methods. If desired, the case manager can complete the form during the weekly communication with the client.*

- **Completed By, Phone, and Prv (Provider) Email:** *Enter the name of the person who completed the report, a contact phone number, and if applicable, an email address.*
- **Att'd Hrs (Attended Hours):** *Enter the # of hours the client attended (participated) in actual, online, or virtual class time as part of the stated class schedule for each date. The totals will automatically be calculated and entered at the bottom of the column if completed in Excel.*
- **Spv Hw Hrs (Supervised Homework Hours) – Supervised hours are those supervised by the case manager.** *The client or the case manager will enter the actual # of hours the client reports performing homework or study tasks for each day. The totals will automatically be calculated and entered at the bottom of the column if completed in Excel.*
- **Hours Absent:** *Enter the # of hours the client was absent on each date s/he was scheduled to attend. The totals will automatically be calculated and entered at the bottom of the column if completed in Excel.*
- **Holiday Hours:** *Enter the **number** of hours the client was allowed time off for observance of one of the **listed** holidays on the right side of the form, **if** the client would have been otherwise scheduled to attend on that date. If the school was closed on a holiday that is not listed and the client was otherwise scheduled to attend on that date enter the hours the client was scheduled to attend under **Hours Absent**. If the month does not contain any allowable holiday hours there will be no column for holiday hours. If completed in Excel the totals will automatically be calculated and entered at the bottom of the column.*

For the Case Manager: *If the homework hours were not supervised by the provider or the case manager, these are considered unsupervised hours and you do not document these hours daily. These will be calculated by using the amount of advised hours from the educational institution. You may count up to one hour of homework per hour of class time. For example, if the school states that they advise 2 hours of homework per 1 hour of classtime, we can only count one hour of homework per hour of class time. If the client is scheduled to attend 10 hours of class a week, we can count 10 hours per week of homework. $10 \text{ times } 4.33 = 43$ homework hours we can count for the month.*

For homework hours that are supervised by the case manager, we can count the total monthly homework hours up to the amount the educational institution advised. In the example used above, since the school states they advise 2 hours of homework per class hour, we can count 20 hours (2 times 10) of homework per week. If the client reports performing 100 hours of homework in the month, we can add up to 86 (20 times 4.33) homework hours to the class time hours.

If the school cannot give an advised amount of homework hours, and the case manager supervises the attendance daily and the client makes satisfactory progress, the actual amount of homework hours as reported daily by the client can be counted.

Monthly Attendance/Progress Report (MAPR)

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INSTRUCTIONS FOR COUNTY JOBS PROGRAM STAFF:

*The MAPR is now an Excel file that allows users to complete information on the form with the computer. The fields to be completed by the county office can be entered and saved. The form can then be emailed to the service provider or printed and given to the service provider or to clients to take to providers for completion in writing. **These instructions must be given along with the form.** A separate form will be printed for each month the client is assigned to the activity. The fields to be completed by the county are: County, Address, City, State, Zip, Phone, Case Name, Last Four of Case Number, Provider Name, Date Form Due, Component, DHR Contact Person, Email, and Phone. All fields are self-explanatory.*

INSTRUCTIONS FOR SERVICE PROVIDERS:

The **service provider** should complete the following sections of the report as stated below and *submit* back to the County JOBS Program by the "Date Form Due". *The form can be completed by writing and returned by postal mail to the county using the address at the top of the form. The form can also be completed in Excel, printed, and returned to DHR by scanning and emailing to the address of the worker located on the right of the form, or printed after completion in Excel and returned by postal mail.*

Completed By, Phone, and Prv (Provider) Email: Enter the name of the person who completed the report, a contact phone number, *and if applicable, an email address.*

Attended Hours: Enter the # of hours the client attended (participated) for each date. The totals will automatically be calculated and entered at the bottom of the column.

Hours Absent: Enter the # of hours the client was absent on each date s/he was scheduled to attend. The totals will automatically be calculated and entered at the bottom of the column.

Holiday Hours: Enter the **number** of hours the client was allowed time off for observance of one of the **listed** holidays *on the right side of the form, **if** the client would have been otherwise scheduled to attend on that date.* If the provider was closed on a holiday that is not listed and the client was otherwise scheduled to attend on that date enter the hours the client was scheduled to attend under **Hours Absent**. If the month does not contain any allowable holiday hours there will be no column for holiday hours. If completed in Excel the totals will automatically be calculated and entered at the bottom of the column.

Please list the number of class hours the client attended for the month: This field is to be completed only if the client is engaged in educational activities. The hours to be entered are only those hours that represent actual time spent in class during the month (clinical hours are not to be included). Examples of educational activities are vocational training, job skills training, education directly related to employment, or secondary education/GED.

Please list the number of unsupervised homework hours for the month: This field is to be completed only if the client is engaged in educational activities. The number entered in this field should represent the total number of unsupervised homework hours that were required or recommended by the educational program for the month. Examples of educational activities include vocational training, job skills training, education directly related to employment, or secondary education/GED.

CEMP DHR/PARTICIPANT AGREEMENT

As part of my responsibility under the JOBS Program, I agree to participate in CEMP. I understand that I will be required to participate for a set number of hours each month in an approved worksite as determine appropriate by my case manager.

My CEMP assignment is at _____
(Facility)

_____ as a _____
(Address) (Position)

Beginning _____ for _____
(Date) (Duration of Position)

I understand further that I may receive child care if I am eligible; I may be reimbursed for certain expenses related to my participation, and that these reimbursements will not affect my current benefits.

Neither the Sponsor (provider) nor the Department of Human Resources is obligated in any way for wages, insurance, or any other manner of compensation.

I agree to:

1. Be present at the job site at the times and on the days agreed upon;
2. Carry out assigned duties to the best of my ability;
3. Notify the CEMP site supervisor immediately if health or family emergencies prohibit scheduled attendance;
4. Contact my JOBS case manager if problems or misunderstandings occur which cannot be resolved with the provider;
5. Notify my JOBS case manager and CEMP site supervisor if, for any reason, the job assignment cannot be continued;
6. Allow my JOBS case manager to provide pertinent education and training information about me to potential job sites.

DHR agrees to:

1. Provide placement that contributes toward the participant's work goals and do not exceed _____ weeks;
2. Provide job site visits, including personal contacts with providers and participants;
3. Be available to insure quick resolution of any conflicts which may arise between the CEMP provider and participant;
4. Establish a situation in which participant is not required to participate more than agreed upon hours;
5. Provide supportive services including CEMP expenses, day care, and participation expenses as required.

Participant

JOBS Case Manager

Date

Date

Distribution: Original to Participant
Copy to Sponsor
Copy to DHR file

COMMUNITY EMPLOYMENT (CEMP) INFORMATION SHEET

CEMP has been developed as a component of the Department of Human Resources JOBS Program because it provides valuable experience which could lead to permanent, paid employment for many participants. Work sites must offer a well supervised, clearly defined job placement to the participant.

- Work experience placements will be made in public or private worksites.
- To the extent possible, prior training, experience and skills of the participant will be used in making a work experience assignment.
- Work experience placements will not fill existing non-filled vacancies or displace individuals currently employed with the same employer.
- Work experience should provide the same benefits and working conditions that are provided at the job site to an employee performing comparable work for comparable hours.
- Time spent monthly by a participant may be up to, but will not exceed, 40 hours per week.
- Contacts will be made with the employer and/or participant to monitor progress at specified intervals.
- There will be a performance evaluation at specified intervals to determine appropriateness of further placement.
- The employer should submit evaluations as required during the placement, and an evaluation and recommendation for the participant at the end of the CEMP placement.

GOALS

The participant will:

1. Develop good work habits.
2. Build self-confidence.
3. Learn job skills.
4. Gain experience for resume.
5. Learn to get along with others on the job and establish contacts.
6. Learn how to accept supervision, authority, and handle grievances appropriately.

FOR MORE INFORMATION, CONTACT THE LOCAL COUNTY OFFICE OF THE DEPARTMENT OF HUMAN RESOURCES.

_____ County Department of Human Resources
CEMP Performance Evaluation

Participant's Name		SSN	Telephone Number
Worksite Name		Worksite Address	
Worksite Supervisor		Telephone Number	
Required Monthly Hours	Start Date	End Date	

Mid-Term Evaluation due
3 weeks or 3 months

Final Evaluation due
6 weeks or 6 months

Date Due	Date Due
----------	----------

Evaluation of Performance	Excellent	Good	Average	Poor
Knowledge of Assignment				
Attendance				
Punctuality				
Attitude				
Dependability				
Courtesy				
Cooperation				
Willingness to Work				
Personal Appearance				
Works Well with Others				
Accepts Supervision				
Quality of Work				

Comments:

Worksite Supervisor's Signature/Date

AGREEMENT BETWEEN

_____ (SPONSOR)

AND

_____ **COUNTY DEPARTMENT OF HUMAN RESOURCES**

_____, a public or private entity (hereinafter referred to as Sponsor), enters into a non-financial Agreement with _____ County Department of Human Resources (hereinafter referred to as DHR) to participate in the JOBS Program as a worksite sponsor to provide job experience for participants.

DHR AGREES:

1. To provide supportive services as appropriate to enable individuals to participate in a work experience assignment;
2. To refer employable participants to the worksite;
3. To furnish CEMP Performance Evaluation Forms (DHR-WR-1700);
4. To notify the worksite of changes affecting hours of work assignment;
5. To monitor participants assigned to the worksite.

SPONSOR AGREES:

1. To provide an actual work experience where trainees can gain job experience and skills;
2. Not to displace any paid employees or fill existing funded unfilled positions with participants;
3. To furnish all routine supplies and equipment participants need in the performance of work assignments;
4. To provide daily supervision and training as appropriate to the participant;
5. To complete the Monthly Attendance/Progress Report and provide to DHR at specified intervals;
6. To complete a Performance Evaluation at specified intervals and provide to DHR;
7. To give equal employment consideration to qualified participants when paid positions become available;
8. To provide for the health and safety of the participants while performing on the worksite;
9. Not to use participants to fill vacancies created by a strike, lockout, or other bona fide labor dispute or action;
10. Not to involve participants in any political or bipartisan activity;
11. To notify the County DHR Director of any accidents involving participants;
12. Not to discriminate against any participant on the basis of race, color, religion, sex, age, national origin, or handicap.

This agreement does not provide reimbursement for any expenses incurred by the sponsor for providing work experience and supervision to participants.

This agreement may be terminated at any time by mutual agreement of DHR and _____.

This agreement is effective as of the _____ day of _____, 20____, and shall remain in effect until such time as it is amended or terminated by mutual agreement, or by independent action of either DHR or _____.

ALABAMA DEPARTMENT OF
HUMAN RESOURCES

SPONSOR

County Director

Employer

Program Supervisor

Date

Distribution: Original to sponsor
Copy to DHR file

**COMMUNITY EMPLOYMENT (CEMP)
PROVIDER REQUEST SHEET**

1. Name of Worksite Sponsor: _____
Address: _____
Phone #: _____

2. Title of training position: _____

3. Specific duties and tasks: _____

4. Specific skills or training required: _____

5. Number of training participants needed: _____

6. Specific days or hours required: _____

7. Date position is available: _____

8. Location, if different from above: _____

9. Name of CEMP site Supervisor/DHR Liaison: _____

10. Any Special requirements or requests: _____

Provider

Date

Title