

**LIST OF CHILD CARE MANAGEMENT AGENCIES  
WITH CONTACT INFORMATION**

**CMA OF NORTH CENTRAL ALABAMA (Fort Payne Region)**

Mary Lynn Carlton – Executive Director  
Phone: (256) 534-5110  
Fax: (256) 534-0548  
Email: [mary.carlton@dhr.alabama.gov](mailto:mary.carlton@dhr.alabama.gov)

Mailing Address: P.O. Box 18396  
Huntsville, AL 35804

Physical Address: 2206 Oakwood Avenue  
Huntsville, AL 35810

**Counties served:** Cherokee, DeKalb, Etowah, Jackson, Marshall

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**CMA OF NORTH CENTRAL ALABAMA (Huntsville Region)**

Mary Lynn Carlton – Executive Director  
Phone: (256) 534-5110  
Fax: (256) 534-0548  
Email: [mary.carlton@dhr.alabama.gov](mailto:mary.carlton@dhr.alabama.gov)

Mailing Address: P.O. Box 18396  
Huntsville, AL 35804

Physical Address: 2206 Oakwood Avenue  
Huntsville, AL 35810

**Counties served:** Colbert, Cullman, Franklin, Lauderdale, Lawrence, Limestone, Madison, Morgan, Winston

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**CHILD CARE CENTRAL (Birmingham Region)**

Kelly Mumper – Program Director  
Janerica Johnson – Region Supervisor  
Phone: (205) 941-0115  
Fax: (205) 943-9393  
Email: [janerica.johnson@dhr.alabama.gov](mailto:janerica.johnson@dhr.alabama.gov)

Physical Address: 85 Bagby Drive  
University Building, Suite 100  
Birmingham, AL 35209

**Counties served:** Blount, Jefferson, Shelby, St. Clair, Walker

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## **CHILD CARE SOUTH (Mobile Region)**

Kelly Mumper – Program Director

Natalie Nettles – Region Director

Phone: (251) 433-2878

Fax: (251) 433-2894

Email: [natalie.nettles@dhr.alabama.gov](mailto:natalie.nettles@dhr.alabama.gov)

Physical Address: 1365 Government Street, Suite 5  
Mobile, AL 36604

**Counties served:** Baldwin, Clarke, Conecuh, Escambia, Mobile, Monroe, Washington

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## **FAMILY GUIDANCE CENTER OF ALABAMA (Dothan Region)**

Kathy Camp – Program Manager

Lori Gilley – Program Director

Phone: (334) 712-7777

Fax: (334) 712-7788

Email: [lori.gilley@dhr.alabama.gov](mailto:lori.gilley@dhr.alabama.gov)

Physical Address: 545 West Main Street, Suite 311  
Dothan, AL 36301

**Counties served:** Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, Pike

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## **FAMILY GUIDANCE CENTER OF ALABAMA (Montgomery Region)**

Kathy Camp – Program Director

Christie Hurst – Senior Caseworker

Phone: (334) 270-4100

Fax: (334) 244-1689

Email: [Christie.Hurst@dhr.alabama.gov](mailto:Christie.Hurst@dhr.alabama.gov)

Physical Address: 2358 Fairlane Drive  
Montgomery, AL 36116

**Counties served:** Autauga, Bullock, Butler, Chilton, Covington, Dallas, Elmore, Lowndes,  
Montgomery, Wilcox

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## **FAMILY GUIDANCE CENTER OF ALABAMA (Opelika Region)**

Kathy Camp – Program Director

Pam Jones – Senior Caseworker

Phone: (334) 737-1190

Fax: (334) 705-2642

Email: [Pam.Jones@dhr.alabama.gov](mailto:Pam.Jones@dhr.alabama.gov)

Physical Address: 1715 Corporate Drive  
Opelika, AL 36801

**Counties served:** Chambers, Lee, Macon, Russell, Tallapoosa

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## **FAMILY GUIDANCE CENTER OF ALABAMA (Talladega Region)**

Kathy Camp – Program Director

Tammy Wilkerson – Senior Eligibility Caseworker

Phone: (256) 240-2156

Fax: (256) 240-2156

Email: [tammy.wilkerson@dhr.alabama.gov](mailto:tammy.wilkerson@dhr.alabama.gov)

Physical Address: Calhoun County DHR  
415 West 11th Street  
Anniston, AL 36201

**Counties served:** Calhoun, Clay, Cleburne, Coosa, Randolph, Talladega

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## **FAMILY GUIDANCE CENTER OF ALABAMA (Tuscaloosa Region)**

Kathy Camp – Program Director

Star Croxton – Senior Caseworker

Phone: (205) 554-1138

Fax: (205) 554-1251

Email: [Star.Croxton@dhr.alabama.gov](mailto:Star.Croxton@dhr.alabama.gov)

Mailing Address: P. O. Box 71521  
Tuscaloosa, AL 35407

Physical Address: 3716 12<sup>th</sup> Avenue, East  
Tuscaloosa, AL 35405

**Counties served:** Bibb, Choctaw, Fayette, Greene, Hale, Lamar, Marengo, Marion, Perry, Pickens, Sumter, Tuscaloosa

## Client Participation Summary

Case Name \_\_\_\_\_ Case # \_\_\_\_\_

<b>Month</b> _____ <b>Year</b> _____ Component Wkly Hours <input style="width: 100px;" type="text"/> Employment Wkly Hours <input style="width: 100px;" type="text"/> Countable Excused <b>Hours</b> <input style="width: 100px;" type="text"/> <b>Hours</b> of JOBR/JOBS <input style="width: 100px;" type="text"/> VOCT <b>Hours</b> <input style="width: 100px;" type="text"/>	<b>Month</b> _____ <b>Year</b> _____ Component Wkly Hours <input style="width: 100px;" type="text"/> Employment Wkly Hours <input style="width: 100px;" type="text"/> Countable Excused <b>Hours</b> <input style="width: 100px;" type="text"/> <b>Hours</b> of JOBR/JOBS <input style="width: 100px;" type="text"/> VOCT <b>Hours</b> <input style="width: 100px;" type="text"/>	<b>Month</b> _____ <b>Year</b> _____ Component Wkly Hours <input style="width: 100px;" type="text"/> Employment Wkly Hours <input style="width: 100px;" type="text"/> Countable Excused <b>Hours</b> <input style="width: 100px;" type="text"/> <b>Hours</b> of JOBR/JOBS <input style="width: 100px;" type="text"/> VOCT <b>Hours</b> <input style="width: 100px;" type="text"/>	<b>Month</b> _____ <b>Year</b> _____ Component Wkly Hours <input style="width: 100px;" type="text"/> Employment Wkly Hours <input style="width: 100px;" type="text"/> Countable Excused <b>Hours</b> <input style="width: 100px;" type="text"/> <b>Hours</b> of JOBR/JOBS <input style="width: 100px;" type="text"/> VOCT <b>Hours</b> <input style="width: 100px;" type="text"/>
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Up to **16 hours** of excused absences are countable per month; no more than **80 hours** are countable per **rolling** twelve month period.

Up to **120 or 180 hours** of job search/job readiness hours are countable per **rolling 12-month period**.

Only twelve months of hours in vocational training are countable during the entire time a client is receiving FA.

## Computation of the Weekly Average of Employment Hours

Client's Name: \_\_\_\_\_

Client's Case #: \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Anticipated/Expected Number of Weekly Hours: \_\_\_\_\_

	# of Actual Hours Worked Per Week	Representative (Yes or No)	# of Representative Hours
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Total # of Representative Weeks			
Total # of Representative Hours			
<b>Determine the average weekly hours:</b> Divide the total # of Representative Hours by the total # of Representative Weeks.			<div></div> ÷ <div></div>

Average # of Weekly Hours to Project for 6 Months \_\_\_\_\_

### Projection Months:

From \_\_\_\_ / \_\_\_\_  
Month/Year

To \_\_\_\_ / \_\_\_\_  
Month/Year

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

**Confidentiality Agreement  
For Community Employment (CEMP) Workers Placed at  
The Department of Human Resources**

Client's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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\_\_\_\_\_ (*Printed name of JOBS case manager/DHR staff*) has explained the DHR policy on confidentiality to me. I understand that what I learn on the job about other people and their lives is very *private* information. I know that I am not to share any information I learn about other clients with anyone else unless I am told to by my supervisor or JOBS case manager. This means that I am not to talk to my friends or family about DHR clients, employees or the agency.

I understand that if I break this Agreement I will be let go from my CEMP placement. I will lose all or part of my Family Assistance benefits. I may also lose my Food Stamps. I understand that I may be prosecuted if I break the rules of this agreement.

By signing this form I acknowledge that I understand these rules and agree to follow them.

CEMP Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JOBS Case Manager/DHR Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

JOBS Client  
JOBS Case Record  
DHR CEMP Supervisor

**Confidentiality Agreement  
For Community Employment (CEMP) Workers Placed at  
The Department of Human Resources**

**INSTRUCTIONS**

The purpose of the Confidentiality Agreement is to provide documentation that the rules of confidentiality have been explained to the client and the client has indicated that s/he understands and will abide by those rules. The confidentiality rules may be explained to the client and signed (witnessed) by the JOBS case manager or another DHR employee, at the discretion of the County Director.

1. Before completing the Confidentiality Agreement, explain the purpose of the agreement and discuss the following:
  - a. The meaning of “confidentiality;”
  - b. The fact that confidentiality must be maintained;
  - c. The confidential nature of clients’ personal information;
  - d. The fact that confidential information includes information shared verbally (meetings and conversations) and in writing (letters, notes, memoranda, etc.);
  - e. Examples of violations, such as talking to friends or others about another client applying for or receiving any type of DHR services; and
  - f. The consequences if confidentiality laws are violated, i.e., being determined noncompliant without good cause, and possible criminal prosecution in some cases.
2. Complete the Confidentiality Agreement, printing the client’s name and SSN at the top. Print the name of the DHR staff member who explains the confidentiality rules and witnesses the signing of the agreement in the space indicated in the first paragraph. Give the client the agreement to review, allow time for her/him to read it, and ask the client to let you know when s/he has finished reading it or if there is anything in the agreement that s/he does not understand.
3. After the client has reviewed the agreement, explain to the client that s/he has to sign the agreement to be placed at DHR, and that doing so means that s/he understands the rules and agrees not to break them. Both the client and the JOBS case manager or other DHR staff must sign and date the Confidentiality Agreement.
4. Place the original signed agreement in the JOBS case record. Give a copy to the client and a copy to the client’s CEMP placement supervisor.

**NOTE:** CEMP workers may not be given any access (including inquiry only) to IEVS, FACETS or SCI-II.

## **Instructions for Completion of the Corrective Action Reports**

Instructions are included in this document for the Corrective Action Plan (CAP), the County Statistical Profile and the Corrective Action Progress Report. Also included is a CAP Rating Guide which shows the elements that must be included in the response to each question and how those elements will be scored in the determination of whether the plan will be approved, pended, or denied.

### **Submission of Reports:**

All reports must be submitted to: Director, Family Assistance Division (FAD) via Kelly Lawrence, with a copy to the JOBS Program Consultant. Completed reports may be sent to Ms. Lawrence through regular mail, email, or faxed to 334.242.0513. Address any related questions, other than receipt of the reports, to the JOBS Policy/Automation Help Desk, rather than to Ms. Lawrence.

### **Corrective Action Plan:**

Use the Corrective Action Plan Word template that is located on the county's shared drive at F:\SHARED\FA\JOBS\MANUAL\APPEND\_A\COR\_PLAN.DOC.

*1. Describe the county's plan to increase the number of clients in countable employment, components and/or combination of employment and component activities, including time frames for completion.*

Describe how the county plans to go about increasing the number of clients who are participating in countable activities. The following are suggestions of areas to be addressed in the plan development discussions:

- Are PA workers clearly conveying information at application about the importance of work, the temporary nature of benefits and the importance of complying with JOBS and Child Support requirements?
- Are new clients assessed and assigned quickly?
- Are case actions taken timely?
- Are clients without sufficient hours reviewed regularly to determine if assignment to another activity is appropriate?
- Are controls in place to follow up quickly on clients who are assigned to a component but never began the activity?
- Were noncompliant clients followed up with immediately to determine whether there was good cause for not participating and if provision of supportive services could have removed the barriers to participation?
- Were sanctions imposed timely and correctly on those without good cause?
- How does the county decide which students attending vocational or post-secondary educational programs must participate in CEMP or another component in order to be allowed to continue their education?
- How does the county ensure that when a client completes one component that s/he is placed quickly in another component without a lengthy delay between component placements?
- What efforts has the county made to encourage clients who could participate with accommodations to do so?
- Are workers making clients aware of the availability of supportive services, including SEA?



## Instructions for Completion of the Corrective Action Reports

- Are workers encouraging clients to take advantage of the 100% Earnings Disregard for the full six months?
- Since clients with employment hours that have not been verified are not countable in the federal work participation rate, are cases regularly monitored to ensure that paid work hours are verified as soon as possible after the client receives a paycheck?

After addressing the areas above, determine if improvement in any area would help in increasing the number of clients in countable activities or employment. If so, identify the area in the response and specify the corrective action that will be taken, i.e., what will be done, who will do it, how it will be done and a time frame for completion of all actions related to the particular area.

Include in the response the actions the county will take to ensure appropriate CEMP sites are developed, the name and number of current CEMP sponsors or if there are no current sponsors or less than two sponsors, the name and number of businesses that have been contacted in the past to serve as sponsors, and the dates and results of those contacts. Also include in the response the name of potential employers that have been and/or will be contacted.

*2. Describe the county's plan to ensure case actions are taken and documented timely and correctly, that non-participation is followed up on quickly, that good cause is determined appropriately and that penalties are imposed correctly when necessary:*

The following are some areas that should be looked at in evaluating timeliness and efficiency:

- Include in the plan how the JOBS and PA staff will work together to ensure that all employment is entered timely, verified promptly and documented on FACETS correctly.
- How management reports are used to monitor each case manager's progress?
- How case actions are monitored to ensure that case actions are taken timely?
- How many case actions are overdue? Is the problem with one case manager or all staff?
- Are fields on FACETS updated timely?
- Has a county self-assessment been made to determine if there are internal county procedures, not required by state JOBS/FA policy, interfering with the county's ability to achieve a higher work rate?
- Are there internal roadblocks prohibiting use of supportive services? This should be looked at especially in counties where there is one or more months where no supportive services were paid out of WRIF funds or reimbursed through FACETS.

*3. Describe the county's plan for reviewing 100% of deferred and noncompliant cases, including time frames for completion.*

Self-explanatory

*4. Describe any other areas for which the county has developed a plan for improvement and time frames for implementation.*

Self-explanatory.

## **Instructions for Completion of the Corrective Action Reports**

### *5. Other comments and/or issues not addressed above.*

Describe any other issues or problems that the county wants to address as part of its Corrective Action Plan.

Compiled by and Date: Signature of the person compiling the Corrective Action Plan and the date of signature.

Director's Signature and Date: The county director or his/her designee should sign and date the form indicating concurrence with the report.

## Instructions for Completion of the Corrective Action Reports

### CAP Rating Guide

**Question 1:** Describe the county's plan to increase the number of JOBS clients in countable employment, components and/or combination of employment and component activities, including time frames for completion. (50 points)

Elements	Possible	Actual
1. How county will help clients find appropriate activities	6	
2. Names of providers of countable activities	6	
3. CEMP: Who will develop placements and how	2	
a. Types of sites needed for current clients listed	2	
b. The number of clients needing CEMP placements	2	
c. Names of agencies/businesses that have been or will be approached and results	2	
4. Types of education and training activities that are available	4	
5. Employment opportunities – Companies that are hiring	4	
a. Who will contact employers	2	
b. When and how contact will be made	2	
6. How transportation and childcare issues will be addressed	6	
7. How management will monitor actions of staff	6	
8. Time frame given for completion of each action	6	
<b>Subtotal</b>	<b>50</b>	

**Question 2:** Describe the county's plan to ensure that case actions are taken and documented timely and correctly, that non-participation is followed up on quickly, that good cause is determined appropriately and that penalties are imposed correctly when necessary. (20 points)

Elements	Possible	Actual
1. Who will monitor actions of case manager	4	
2. How often case manager actions will be monitored	4	
3. How monitoring will be done	4	
4. How alert lists and FACETS reports will be used	4	
5. How management will know actions were timely and correct	4	
<b>Subtotal</b>	<b>20</b>	

**Question 3:** Describe the county's plan for reviewing 100% of deferred and noncompliant cases, including time frames for completion. (20 points)

Elements	Possible	Actual
1. System for reviewing cases of clients who are already placed in deferred or noncompliant status	5	
2. System for reviewing cases of clients who are newly placed in deferred or noncompliant status	4	
3. Who will review such cases	3	
4. Intervals at which such cases will be reviewed	4	
5. How cases will be selected for the review	4	
<b>Subtotal</b>	<b>20</b>	

## Instructions for Completion of the Corrective Action Reports

**Question 4:** Describe any other areas for which the county has developed a plan for improvement and time frames for completion. (10 points)

Element	Possible	Actual
1. How the county will identify appropriate activities/resource(s)	2	
2. Who will identify the appropriate activities/resource(s)	2	
3. Names of providers of the activities/resources	2	
4. How management will monitor actions of staff	2	
5. Time frame for completion of each action	2	
<b>Subtotal</b>	<b>10</b>	

**Question 5:** Other comments and/or issues not addressed above (0 points)

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TOTAL SCORE		100	
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**Disposition:**

80 – 100: Approve ☐

60 – 79: Pend ☐

59 or less: Deny ☐

## **Instructions for Completion of the Corrective Action Reports**

### **County Statistical Profile (Excel spreadsheet)**

A County Statistical Profile should be submitted with each Corrective Action Plan and quarterly Progress Report. The profile submitted with a corrective action plan must contain data for the second month that the participation rate fell below 50%. The profile submitted with the progress report must contain data for the last month of the quarter for which progress is being reported. The county should use the County Statistical Profile found on the shared drive at F:\SHARED\FA\JOBS\MANUAL\APPEND\_A\COR\_STAT.XLS. If the county is already using an alternate format for tracking case and worker actions it may be submitted for approval with the Corrective Action Plan as long as it contains the same information as the Statistical Profile.

*County:* Enter the county name.

*Date Submitted:* Enter the date the report is submitted to the Family Assistance Division (FAD)

*Compiled by:* Enter the name of the person compiling the data.

*Month/Year:* Enter the month and year for which the data is being submitted.

*County Adjusted Federal Work Participation Rate:* If the adjusted rate is not available for the month, enter 85% of the county's All Families Work Rate from the PSWJB078 (Estimated JOBS Countable Participants) Report for the month.

*Number of JOBS Cases:* Enter the figure from the PSWJB026-C (WATS Statistical Profile Summary) Report, Item #1, # Open WATS Cases.

*Number of JOBS Case Managers:* Enter the number of workers assigned to JOBS even if program effort code is not 11.

*Number of FSS Case Aides:* Enter the number of FSS Case Aides assigned to JOBS.

*Number/percent of clients deferred:* Enter the number and percent of clients coded DF on the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

*Number/percent of clients delayed:* Enter the number and percent of clients coded LL on the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

*Number/percent of clients employed (EM) this month:* Enter the number and percent of clients employed from the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

*Number/percent of clients employed and participating in a component (EP):* Enter the number and percent of clients shown as "EP" from the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

*Number/percent of clients in noncompliance (NC):* Enter the number and percent of clients coded "NC" on the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

## Instructions for Completion of the Corrective Action Reports

*Number/percent of clients placed (PL):* Enter the number and percent of clients shown as “PL” from the PSWJB026-C Report, Total # by Part. Status and % of Total Open cases, respectively.

*Number of countable employed clients for the month:* Enter the number of employed clients with countable employment from the PSWJB078 Report, Employment/Component, “All Families”, code EMPL.

*Number of clients in countable components:* From the PSWJB078 Report, Employment/Component, “All Families”, subtract the number under “EMPL” from the “Total Countable” shown in the section labeled Participants. This gives the number of clients in countable components.

### Overdue Case Actions:

For each of the following Participation Statuses, count the number of clients on the PSWJB025 Report who have that status and a Participation Status Date more than 30 days prior to the date of the report:

*Number of clients in “PA” status more than 30 days:*

*Number of clients in “PD” status more than 30 days:*

*Number of clients in “PR” status more than 30 days:*

*Number of clients in “RO” status more than 30 days:*

*Number of clients in JOBR/JOBS for more than 4 consecutive weeks:* Enter the number of clients on the PSWJB025 Report with a component of JOBS or JOBR, a COMP STATUS of PL, and a COMP STAT DT that indicates that the client has been placed for more than 4 weeks.

*Number of clients in VOCT longer than 12 months:* Enter the number of clients on the PSWJB025 Report with a component of VOCT, a COMP STATUS of PL, and a COMP STAT DT that indicates that the client has been placed for more than 12 months.

*Number with weekly hours still unverified after 30 days:* Enter the number of clients whose paid hours of employment remain unverified after 30 days. To get this number, use the PSWJR103-A Report to identify clients whose employment hours (EMP HRS) equal 99; then review the Date Reported field on FACETS screen ZD11 or ZC24 for each of these clients, and enter the number of clients with a Date Reported that is more than 30 days from the Run Date on the 103-A Report.

*Number of Overdue Alerts:* For the initial profile (submitted with the corrective action plan), review each caseload’s alert list on FACETS as of the date the profile is completed. Count the number of past due alerts for each caseload as of that date, add them together, and enter the total. For subsequent profiles (submitted with the progress reports), review, count, and keep a record of the past due alerts at the end of each month for entry on the appropriate month’s profile. When pulling up alerts for either profile, go back at least six months to ensure that all overdue alerts are shown.

## Instructions for Completion of the Corrective Action Reports

### **Corrective Action Progress Report**

The Corrective Action Progress Report should be submitted for each quarter until the county is released from corrective action, except when a revised plan is submitted (the 2<sup>nd</sup> of two consecutive quarters in which the rate was below 50%). This report is to be used to explain what the county has accomplished under the approved plan during the quarter. Use the Corrective Action Progress Report Word template on the county's shared drive at F:\SHARED\FA\JOBS\MANUAL\APPEND\_A\COR\_PROG.DOC.

*1. Describe the progress the county has made in implementing the approved plan to increase the number of clients in countable employment, components, and/or a combination of employment and components. Explain what has been done, by whom, time frames, and results.*

Give information on the efforts made by the county in this area, including the number of clients who were assisted and/or employed or placed during the quarter. Also include information on problems that have been resolved, new related issues that have been identified and any assistance needed from the state office.

*2. Describe the progress the county has made to ensure case actions are taken and documented timely and correctly, that non-participation was followed up on quickly, that good cause was determined appropriately and that sanctions were imposed correctly when necessary.*

Include information on how the actions stated above were monitored, the number of cases involved, the actions taken on the cases, and the status of any case actions that are still overdue as of the date the report is prepared. Also include the names or positions (case manager, supervisor, county director, etc) of the persons who took the actions.

*3. Describe the findings from the review of deferred and noncompliant clients. Indicate what percent of the 100% review has been completed and whether time frames for completion need to be adjusted. Describe any changes being implemented based on the findings.*

Self-explanatory.

*4. Other comments and/or issues that the county would like to include.*

Self-explanatory.

## CORRECTIVE ACTION PROGRESS REPORT

County: \_\_\_\_\_

- 1. Describe the progress the county has made in implementing the approved plan to increase the number of clients in countable employment, components, and/or a combination of employment and components. Explain what has been done, by whom, time frames, and the results.*
  
- 2. Describe the progress the county has made to ensure case actions are taken and documented timely and correctly, that non participation was followed up on quickly, that good cause was determined appropriately and that sanctions were imposed correctly when necessary.*
  
- 3. Describe the findings from the review of deferred and noncompliant clients. Indicate what percent of the 100% review has been completed and whether time frames for completion need to be adjusted. Describe any changes being implemented based on the findings.*
  
- 4. Other comments and/or issues that the county would like to include:*

Compiled by: \_\_\_\_\_

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

Director's Signature: \_\_\_\_\_

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



## CORRECTIVE ACTION PLAN

County: \_\_\_\_\_

1. Describe the county's plan to increase the number of JOBS clients in countable employment, components and/or combination of employment and component activities, including time frames for completion.
2. Describe the county's plan to ensure case actions are taken and documented timely and correctly, that non-participation is followed up on quickly, that good cause is determined appropriately and that penalties are imposed correctly when necessary.
3. Describe the county's plan for reviewing 100% of deferred and noncompliant cases, including time frames for completion.
4. Describe any other areas for which the county has developed a plan of improvement and time frames for completion.
5. Other comments and/or issues not addressed above.

Compiled by: \_\_\_\_\_

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

Director's Signature: \_\_\_\_\_

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

**Day Care Reimbursement Receipt**

PARTICIPANT'S NAME \_\_\_\_\_ PARTICIPANT'S CASE NO. \_\_\_\_\_

CHILD(REN)'S NAME(S) \_\_\_\_\_

CARE PROVIDER'S NAME \_\_\_\_\_

TIME PERIOD: From \_\_\_\_\_ through \_\_\_\_\_

RELATIONSHIP TO CHILDREN: \_\_\_\_\_ CARE PROVIDED: \_\_\_\_\_ In Child's Home  
\_\_\_\_\_ Outside Child's Home

TOTAL AMOUNT PAID \$ \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature Date Provider's Signature Date

**Day Care Reimbursement Receipt**

PARTICIPANT'S NAME \_\_\_\_\_ PARTICIPANT'S CASE NO. \_\_\_\_\_

CHILD(REN)'S NAME(S) \_\_\_\_\_

CARE PROVIDER'S NAME \_\_\_\_\_

TIME PERIOD: From \_\_\_\_\_ through \_\_\_\_\_

RELATIONSHIP TO CHILDREN: \_\_\_\_\_ CARE PROVIDED: \_\_\_\_\_ In Child's Home  
\_\_\_\_\_ Outside Child's Home

TOTAL AMOUNT PAID \$ \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature Date Provider's Signature Date

**Day Care Reimbursement Receipt**

PARTICIPANT'S NAME \_\_\_\_\_ PARTICIPANT'S CASE NO. \_\_\_\_\_

CHILD(REN)'S NAME(S) \_\_\_\_\_

CARE PROVIDER'S NAME \_\_\_\_\_

TIME PERIOD: From \_\_\_\_\_ through \_\_\_\_\_

RELATIONSHIP TO CHILDREN: \_\_\_\_\_ CARE PROVIDED: \_\_\_\_\_ In Child's Home  
\_\_\_\_\_ Outside Child's Home

TOTAL AMOUNT PAID \$ \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature Date Provider's Signature Date

## **OCCUPATIONAL GROUP CODES**

### **PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS**

#### **00/01 OCCUPATIONS IN ARCHITECTURE, ENGINEERING, AND SURVEYING**

001 ARCHITECTURAL OCCUPATIONS  
002 AERONAUTICAL ENGINEERING OCCUPATIONS  
003 ELECTRICAL/ELECTRONICS ENGINEERING  
OCCUPATIONS  
005 CIVIL ENGINEERING OCCUPATIONS  
006 CERAMIC ENGINEERING OCCUPATIONS  
007 MECHANICAL ENGINEERING OCCUPATIONS  
008 CHEMICAL ENGINEERING OCCUPATIONS  
010 MINING AND PETROLEUM ENGINEERING  
OCCUPATIONS  
011 METALLURGY AND METALLURGICAL ENGINEERING  
OCCUPATIONS  
012 INDUSTRIAL ENGINEERING OCCUPATIONS  
013 AGRICULTURAL ENGINEERING OCCUPATIONS  
014 MARINE ENGINEERING OCCUPATIONS  
015 NUCLEAR ENGINEERING OCCUPATIONS  
017 DRAFTERS, N.E.C.  
018 SURVEYING/CARTOGRAPHIC OCCUPATIONS  
019 OCCUPATIONS IN ARCHITECTURE, ENGINEERING,  
AND SURVEYING, N.E.C.

#### **02 OCCUPATIONS IN MATHEMATICS AND PHYSICAL SCIENCES**

020 OCCUPATIONS IN MATHEMATICS  
021 OCCUPATIONS IN ASTRONOMY  
022 OCCUPATIONS IN CHEMISTRY  
023 OCCUPATIONS IN PHYSICS  
024 OCCUPATIONS IN GEOLOGY  
025 OCCUPATIONS IN METEOROLOGY  
029 OCCUPATIONS IN MATHEMATICS AND PHYSICAL  
SCIENCES, N.E.C.

#### **03 COMPUTER-RELATED OCCUPATIONS**

030 OCCUPATIONS IN SYSTEMS ANALYSIS AND  
PROGRAMMING  
031 OCCUPATIONS IN DATA COMMUNICATIONS AND  
NETWORKS  
032 OCCUPATIONS IN COMPUTER SYSTEM USER  
SUPPORT  
033 OCCUPATIONS IN COMPUTER SYSTEMS TECHNICAL  
SUPPORT  
039 COMPUTER-RELATED OCCUPATIONS, N.E.C.

#### **04 OCCUPATIONS IN LIFE SCIENCES**

040 OCCUPATIONS IN AGRICULTURAL SCIENCES  
041 OCCUPATIONS IN BIOLOGICAL SCIENCES  
045 OCCUPATIONS IN PSYCHOLOGY  
049 OCCUPATIONS IN LIFE SCIENCES, N.E.C.

#### **05 OCCUPATIONS IN SOCIAL SCIENCES**

050 OCCUPATIONS IN ECONOMICS  
051 OCCUPATIONS IN POLITICAL SCIENCE  
052 OCCUPATIONS IN HISTORY  
054 OCCUPATIONS IN SOCIOLOGY  
055 OCCUPATIONS IN ANTHROPOLOGY  
059 OCCUPATIONS IN SOCIAL SCIENCES, N.E.C.

#### **07 OCCUPATIONS IN MEDICINE AND HEALTH**

070 PHYSICIANS AND SURGEONS  
071 OSTEOPATHS  
072 DENTISTS  
073 VETERINARIANS  
074 PHARMACISTS  
075 REGISTERED NURSES  
076 THERAPISTS  
077 DIETITIANS  
078 OCCUPATIONS IN MEDICAL AND DENTAL  
TECHNOLOGY  
079 OCCUPATIONS IN MEDICINE AND HEALTH, N.E.C.

#### **09 OCCUPATIONS IN EDUCATION**

090 OCCUPATIONS IN COLLEGE AND UNIVERSITY  
EDUCATION  
091 OCCUPATIONS IN SECONDARY SCHOOL EDUCATION  
092 OCCUPATIONS IN PRESCHOOL, PRIMARY SCHOOL,  
AND KINDERGARTEN EDUCATION  
094 OCCUPATIONS IN EDUCATION OF PERSONS WITH  
DISABILITIES  
096 HOME ECONOMISTS AND FARM ADVISERS  
097 OCCUPATIONS IN VOCATIONAL EDUCATION  
099 OCCUPATIONS IN EDUCATION, N.E.C.

## **10 OCCUPATIONS IN MUSEUM, LIBRARY, AND ARCHIVAL SCIENCES**

100 LIBRARIANS  
101 ARCHIVISTS  
102 MUSEUM CURATORS AND RELATED OCCUPATIONS  
109 OCCUPATIONS IN MUSEUM, LIBRARY, AND ARCHIVAL SCIENCES, N.E.C.

## **11 OCCUPATIONS IN LAW AND JURISPRUDENCE**

110 LAWYERS  
111 JUDGES  
119 OCCUPATIONS IN LAW AND JURISPRUDENCE, N.E.C.

## **12 OCCUPATIONS IN RELIGION AND THEOLOGY**

120 CLERGY  
129 OCCUPATIONS IN RELIGION AND THEOLOGY, N.E.C.

## **13 OCCUPATIONS IN WRITING**

131 WRITERS  
132 EDITORS: PUBLICATION, BROADCAST, AND SCRIPT  
137 INTERPRETERS AND TRANSLATORS  
139 OCCUPATIONS IN WRITING, N.E.C.

## **14 OCCUPATIONS IN ART**

141 COMMERCIAL ARTISTS: DESIGNERS AND ILLUSTRATORS, GRAPHIC ARTS  
142 ENVIRONMENTAL, PRODUCT, AND RELATED DESIGNERS  
143 OCCUPATIONS IN PHOTOGRAPHY  
144 FINE ARTISTS: PAINTERS, SCULPTORS, AND RELATED OCCUPATIONS  
149 OCCUPATIONS IN ART, N.E.C.

## **15 OCCUPATIONS IN ENTERTAINMENT AND RECREATION**

150 OCCUPATIONS IN DRAMATICS  
151 OCCUPATIONS IN DANCING  
152 OCCUPATIONS IN MUSIC  
153 OCCUPATIONS IN ATHLETICS AND SPORTS  
159 OCCUPATIONS IN ENTERTAINMENT AND RECREATION, N.E.C.

## **16 OCCUPATIONS IN ADMINISTRATIVE SPECIALIZATIONS**

160 ACCOUNTANTS, AUDITORS, AND RELATED OCCUPATIONS  
161 BUDGET AND MANAGEMENT SYSTEMS ANALYSIS OCCUPATIONS  
162 PURCHASING MANAGEMENT OCCUPATIONS  
163 SALES AND DISTRIBUTION MANAGEMENT OCCUPATIONS  
164 ADVERTISING MANAGEMENT OCCUPATIONS  
165 PUBLIC RELATIONS MANAGEMENT OCCUPATIONS  
166 PERSONNEL ADMINISTRATION OCCUPATIONS  
168 INSPECTORS AND INVESTIGATORS, MANAGERIAL AND PUBLIC SERVICE  
169 OCCUPATIONS IN ADMINISTRATIVE SPECIALIZATIONS, N.E.C.

## **18 MANAGERS AND OFFICIALS, N.E.C.**

180 AGRICULTURE, FORESTRY, AND FISHING INDUSTRY MANAGERS AND OFFICIALS  
181 MINING INDUSTRY MANAGERS AND OFFICIALS  
182 CONSTRUCTION INDUSTRY MANAGERS AND OFFICIALS  
183 MANUFACTURING INDUSTRY MANAGERS AND OFFICIALS  
184 TRANSPORTATION, COMMUNICATION, AND UTILITIES INDUSTRY MANAGERS AND OFFICIALS  
185 WHOLESALE AND RETAIL TRADE MANAGERS AND OFFICIALS  
186 FINANCE, INSURANCE, AND REAL ESTATE MANAGERS AND OFFICIALS  
187 SERVICE INDUSTRY MANAGERS AND OFFICIALS  
188 PUBLIC ADMINISTRATION MANAGERS AND OFFICIALS  
189 MISCELLANEOUS MANAGERS AND OFFICIALS, N.E.C.

## **19 MISCELLANEOUS PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS**

191 AGENTS AND APPRAISERS, N.E.C.  
193 RADIO OPERATORS  
194 SOUND, FILM, AND VIDEOTAPE RECORDING, AND REPRODUCTION OCCUPATIONS  
195 OCCUPATIONS IN SOCIAL AND WELFARE WORK  
196 AIRPLANE PILOTS AND NAVIGATORS  
197 SHIP CAPTAINS, MATES, PILOTS, AND ENGINEERS  
198 RAILROAD CONDUCTORS  
199 MISCELLANEOUS PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS, N.E.C.

## **CLERICAL AND SALES OCCUPATIONS**

### **20 STENOGRAPHY, TYPING, FILING, AND RELATED OCCUPATIONS**

201 SECRETARIES  
202 STENOGRAPHERS  
203 TYPISTS AND TYPEWRITING-MACHINE OPERATORS  
205 INTERVIEWING CLERKS  
206 FILE CLERKS  
207 DUPLICATING-MACHINE OPERATORS AND TENDERS  
208 MAILING AND MISCELLANEOUS OFFICE MACHINE OPERATORS  
209 STENOGRAPHY, TYPING, FILING, AND RELATED OCCUPATIONS, N.E.C.

### **21 COMPUTING AND ACCOUNT-RECORDING OCCUPATIONS**

210 BOOKKEEPERS AND RELATED OCCUPATIONS  
211 CASHIERS AND TELLERS  
213 COMPUTER AND PERIPHERAL EQUIPMENT OPERATORS  
214 BILLING AND RATE CLERKS  
215 PAYROLL, TIMEKEEPING, AND DUTY-ROSTER CLERKS  
216 ACCOUNTING AND STATISTICAL CLERKS  
217 ACCOUNT-RECORDING-MACHINE OPERATORS, N.E.C.  
219 COMPUTING AND ACCOUNT-RECORDING OCCUPATIONS, N.E.C.

### **22 PRODUCTION AND STOCK CLERKS AND RELATED OCCUPATIONS**

221 PRODUCTION CLERKS  
222 SHIPPING, RECEIVING, STOCK, AND RELATED CLERICAL OCCUPATIONS  
229 PRODUCTION AND STOCK CLERKS AND RELATED OCCUPATIONS, N.E.C.

### **23 INFORMATION AND MESSAGE DISTRIBUTION OCCUPATIONS**

230 HAND DELIVERY AND DISTRIBUTION OCCUPATIONS  
235 TELEPHONE OPERATORS  
236 TELEGRAPH OPERATORS  
237 INFORMATION AND RECEPTION CLERKS  
238 ACCOMMODATION CLERKS AND GATE AND TICKET AGENTS  
239 INFORMATION AND MESSAGE DISTRIBUTION OCCUPATIONS, N.E.C.

## **24 MISCELLANEOUS CLERICAL OCCUPATIONS**

241 INVESTIGATORS, ADJUSTERS, AND RELATED OCCUPATIONS  
243 GOVERNMENT SERVICE CLERKS, N.E.C.  
245 MEDICAL SERVICE CLERKS, N.E.C.  
247 ADVERTISING-SERVICE CLERKS, N.E.C.  
248 TRANSPORTATION-SERVICE CLERKS, N.E.C.  
249 MISCELLANEOUS CLERICAL OCCUPATIONS, N.E.C.

## **25 SALES OCCUPATIONS, SERVICES**

250 SALES OCCUPATIONS, REAL ESTATE, INSURANCE, SECURITIES AND FINANCIAL SERVICES  
251 SALES OCCUPATIONS, BUSINESS SERVICES, EXCEPT REAL ESTATE, INSURANCE, SECURITIES, AND FINANCIAL SERVICES  
252 SALES OCCUPATIONS, TRANSPORTATION SERVICES  
253 SALES OCCUPATIONS, UTILITIES  
254 SALES OCCUPATIONS, PRINTING AND ADVERTISING  
259 SALES OCCUPATIONS, SERVICES, N.E.C.

## **26 SALES OCCUPATIONS, CONSUMABLE COMMODITIES**

260 SALES OCCUPATIONS, AGRICULTURAL AND FOOD PRODUCTS  
261 SALES OCCUPATIONS, TEXTILE PRODUCTS, APPAREL, AND NOTIONS  
262 SALES OCCUPATIONS, CHEMICALS, DRUGS, AND SUNDRIES  
269 SALES OCCUPATIONS, MISCELLANEOUS CONSUMABLE COMMODITIES, N.E.C.

## **27 SALES OCCUPATIONS, COMMODITIES, N.E.C.**

270 SALES OCCUPATIONS, HOME FURNITURE, FURNISHINGS, AND APPLIANCES  
271 SALES OCCUPATIONS, ELECTRICAL GOODS, EXCEPT HOME APPLIANCES  
272 SALES OCCUPATIONS, FARM AND GARDENING EQUIPMENT AND SUPPLIES  
273 SALES OCCUPATIONS, TRANSPORTATION EQUIPMENT, PARTS, AND SUPPLIES  
274 SALES OCCUPATIONS, INDUSTRIAL AND RELATED EQUIPMENT AND SUPPLIES  
275 SALES OCCUPATIONS, BUSINESS AND COMMERCIAL EQUIPMENT AND SUPPLIES  
276 SALES OCCUPATIONS, MEDICAL AND SCIENTIFIC EQUIPMENT AND SUPPLIES  
277 SALES OCCUPATIONS, SPORTING, HOBBY, STATIONERY, AND RELATED GOODS

279 SALES OCCUPATIONS, MISCELLANEOUS  
COMMODITIES, N.E.C.

### **29 MISCELLANEOUS SALES OCCUPATIONS**

290 SALES CLERKS  
291 VENDING AND DOOR-TO-DOOR SELLING  
OCCUPATIONS  
292 ROUTE SALES AND DELIVERY OCCUPATIONS  
293 SOLICITORS  
294 AUCTIONEERS  
295 RENTAL CLERKS  
296 SHOPPERS  
297 SALES PROMOTION OCCUPATIONS  
298 MERCHANDISE DISPLAYERS  
299 MISCELLANEOUS SALES OCCUPATIONS, N.E.C.

### **SERVICE OCCUPATIONS**

#### **30 DOMESTIC SERVICE OCCUPATIONS**

301 HOUSEHOLD AND RELATED WORK  
302 LAUNDERERS, PRIVATE FAMILY  
305 COOKS, DOMESTIC  
309 DOMESTIC SERVICE OCCUPATIONS, N.E.C.

#### **31 FOOD AND BEVERAGE PREPARATION AND SERVICE OCCUPATIONS**

310 HOSTS/HOSTESSES AND  
STEWARDS/STEWARDESSES, FOOD AND BEVERAGE  
SERVICE, EXCEPT SHIP STEWARDS/STEWARDESSES  
311 WAITERS/WAITRESSES, AND RELATED FOOD  
SERVICE OCCUPATIONS  
312 BARTENDERS  
313 CHEFS AND COOKS, HOTELS AND RESTAURANTS  
315 MISCELLANEOUS COOKS, EXCEPT DOMESTIC  
316 MEATCUTTERS, EXCEPT IN SLAUGHTERING AND  
PACKING HOUSES  
317 MISCELLANEOUS FOOD AND BEVERAGE  
PREPARATION OCCUPATIONS  
318 KITCHEN WORKERS, N.E.C.  
319 FOOD AND BEVERAGE PREPARATION AND SERVICE  
OCCUPATIONS, N.E.C.

#### **32 LODGING AND RELATED SERVICE OCCUPATIONS**

320 BOARDING-HOUSE AND LODGING-HOUSE KEEPERS  
321 HOUSEKEEPERS, HOTELS AND INSTITUTIONS  
323 HOUSECLEANERS, HOTELS, RESTAURANTS, AND  
RELATED ESTABLISHMENTS  
324 BELLHOPS AND RELATED OCCUPATIONS

329 LODGING AND RELATED SERVICE OCCUPATIONS,  
N.E.C.

### **33 BARBERING, COSMETOLOGY, AND RELATED SERVICE OCCUPATIONS**

330 BARBERS  
331 MANICURISTS  
332 HAIRDRESSERS AND COSMETOLOGISTS  
333 MAKE-UP OCCUPATIONS  
334 MASSEURS AND RELATED OCCUPATIONS  
335 BATH ATTENDANTS  
338 EMBALMERS AND RELATED OCCUPATIONS  
339 BARBERING, COSMETOLOGY, AND RELATED  
SERVICE OCCUPATIONS, N.E.C.

### **34 AMUSEMENT AND RECREATION SERVICE OCCUPATIONS**

340 ATTENDANTS, BOWLING ALLEY AND BILLIARD  
PARLOR  
341 ATTENDANTS, GOLF COURSE, TENNIS COURT,  
SKATING RINK, AND RELATED FACILITIES  
342 AMUSEMENT DEVICE AND CONCESSION  
ATTENDANTS  
343 GAMBLING HALL ATTENDANTS  
344 USHERS  
346 WARDROBE AND DRESSING-ROOM ATTENDANTS  
349 AMUSEMENT AND RECREATION SERVICE  
OCCUPATIONS, N.E.C.

### **35 MISCELLANEOUS PERSONAL SERVICE OCCUPATIONS**

350 SHIP STEWARDS/STEWARDESSES AND RELATED  
OCCUPATIONS  
351 TRAIN ATTENDANTS  
352 HOSTS/HOSTESSES AND  
STEWARDS/STEWARDESSES, N.E.C.  
353 GUIDES  
354 UNLICENSED BIRTH ATTENDANTS AND PRACTICAL  
NURSES  
355 ATTENDANTS, HOSPITALS, MORGUES, AND  
RELATED HEALTH SERVICES  
357 BAGGAGE HANDLERS  
358 CHECKROOM, LOCKER ROOM, AND REST ROOM  
ATTENDANTS  
359 MISCELLANEOUS PERSONAL SERVICE  
OCCUPATIONS, N.E.C.

## **36 APPAREL AND FURNISHINGS SERVICE OCCUPATIONS**

361 LAUNDERING OCCUPATIONS  
362 DRY CLEANING OCCUPATIONS  
363 PRESSING OCCUPATIONS  
364 DYEING AND RELATED OCCUPATIONS  
365 SHOE AND LUGGAGE REPAIRER AND RELATED OCCUPATIONS  
366 BOOTBLACKS AND RELATED OCCUPATIONS  
369 APPAREL AND FURNISHINGS SERVICE OCCUPATIONS, N.E.C.

## **37 PROTECTIVE SERVICE OCCUPATIONS**

371 CROSSING TENDERS AND BRIDGE OPERATORS  
372 SECURITY GUARDS AND CORRECTION OFFICERS, EXCEPT CROSSING TENDERS  
373 FIRE FIGHTERS, FIRE DEPARTMENT  
375 POLICE OFFICERS AND DETECTIVES, PUBLIC SERVICE  
376 POLICE OFFICERS AND DETECTIVES, EXCEPT IN PUBLIC SERVICE  
377 SHERIFFS AND BAILIFFS  
378 ARMED FORCES ENLISTED PERSONNEL  
379 PROTECTIVE SERVICE OCCUPATIONS, N.E.C.

## **38 BUILDING AND RELATED SERVICE OCCUPATIONS**

381 PORTERS AND CLEANERS  
382 JANITORS  
383 BUILDING PEST CONTROL SERVICE OCCUPATIONS  
388 ELEVATOR OPERATORS  
389 BUILDING AND RELATED SERVICE OCCUPATIONS, N.E.C.

## **AGRICULTURAL, FISHERY, FORESTRY, AND RELATED OCCUPATIONS**

### **40 PLANT FARMING OCCUPATIONS**

401 GRAIN FARMING OCCUPATIONS  
402 VEGETABLE FARMING OCCUPATIONS  
403 FRUIT AND NUT FARMING OCCUPATIONS  
404 FIELD CROP FARMING OCCUPATIONS, N.E.C.  
405 HORTICULTURAL SPECIALTY OCCUPATIONS  
406 GARDENING AND GROUNDSKEEPING OCCUPATIONS  
407 DIVERSIFIED CROP FARMING OCCUPATIONS  
408 PLANT LIFE AND RELATED SERVICE OCCUPATIONS  
409 PLANT FARMING AND RELATED OCCUPATIONS, N.E.C.

### **41 ANIMAL FARMING OCCUPATIONS**

410 DOMESTIC ANIMAL FARMING OCCUPATIONS  
411 DOMESTIC FOWL FARMING OCCUPATIONS  
412 GAME FARMING OCCUPATIONS  
413 LOWER ANIMAL FARMING OCCUPATIONS  
418 ANIMAL SERVICE OCCUPATIONS  
419 ANIMAL FARMING OCCUPATIONS, N.E.C.

### **42 MISCELLANEOUS AGRICULTURAL AND RELATED OCCUPATIONS**

421 GENERAL FARMING OCCUPATIONS  
429 MISCELLANEOUS AGRICULTURAL AND RELATED OCCUPATIONS, N.E.C.

### **44 FISHERY AND RELATED OCCUPATIONS**

441 NET, SEINE, AND TRAP FISHERS  
442 LINE FISHERS  
443 FISHERS, MISCELLANEOUS EQUIPMENT  
446 AQUATIC LIFE CULTIVATION AND RELATED OCCUPATIONS  
447 SPONGE AND SEAWEED GATHERERS  
449 FISHERY AND RELATED OCCUPATIONS, N.E.C.

### **45 FORESTRY OCCUPATIONS**

451 TREE FARMING AND RELATED OCCUPATIONS  
452 FOREST CONSERVATION OCCUPATIONS  
453 OCCUPATIONS IN HARVESTING FOREST PRODUCTS, EXCEPT LOGGING  
454 LOGGING AND RELATED OCCUPATIONS  
455 LOG GRADING, SCALING, SORTING, RAFTING, AND RELATED OCCUPATIONS  
459 FORESTRY OCCUPATIONS, N.E.C.

### **46 HUNTING, TRAPPING, AND RELATED OCCUPATIONS**

461 HUNTING AND TRAPPING OCCUPATIONS

## **PROCESSING OCCUPATIONS**

### **50 OCCUPATIONS IN PROCESSING OF METAL**

500 ELECTROPLATING OCCUPATIONS  
501 DIP PLATING OCCUPATIONS  
502 MELTING, POURING, CASTING, AND RELATED OCCUPATIONS  
503 PICKLING, CLEANING, DEGREASING, AND RELATED OCCUPATIONS  
504 HEAT-TREATING OCCUPATIONS

505 METAL SPRAYING, COATING, AND RELATED  
OCCUPATIONS  
509 OCCUPATIONS IN PROCESSING OF METAL, N.E.C.

#### **51 ORE REFINING AND FOUNDRY OCCUPATIONS**

510 MIXING AND RELATED OCCUPATIONS  
  
511 SEPARATING, FILTERING, AND RELATED  
OCCUPATIONS  
512 MELTING OCCUPATIONS  
513 ROASTING OCCUPATIONS  
514 POURING AND CASTING OCCUPATIONS  
515 CRUSHING AND GRINDING OCCUPATIONS  
518 MOLDERS, COREMAKERS, AND RELATED  
OCCUPATIONS  
519 ORE REFINING AND FOUNDRY OCCUPATIONS,  
N.E.C.

#### **52 OCCUPATIONS IN PROCESSING OF FOOD, TOBACCO, AND RELATED PRODUCTS**

520 MIXING, COMPOUNDING, BLENDING, KNEADING,  
SHAPING, AND RELATED OCCUPATIONS  
521 SEPARATING, CRUSHING, MILLING, CHOPPING,  
GRINDING, AND RELATED OCCUPATIONS  
522 CULTURING, MELTING, FERMENTING, DISTILLING,  
SATURATING, PICKLING, AGING, AND RELATED  
OCCUPATIONS  
523 HEATING, RENDERING, MELTING, DRYING,  
COOLING, FREEZING, AND RELATED OCCUPATIONS  
524 COATING, ICING, DECORATING, AND RELATED  
OCCUPATIONS  
525 SLAUGHTERING, BREAKING, CURING, AND RELATED  
OCCUPATIONS  
526 COOKING AND BAKING OCCUPATIONS, N.E.C.  
529 OCCUPATIONS IN PROCESSING OF FOOD,  
TOBACCO, AND RELATED PRODUCTS, N.E.C.

#### **53 OCCUPATIONS IN PROCESSING OF PAPER AND RELATED MATERIALS**

530 GRINDING, BEATING, AND MIXING OCCUPATIONS  
532 COOKING AND DRYING OCCUPATIONS  
533 COOLING, BLEACHING, SCREENING, WASHING, AND  
RELATED OCCUPATIONS  
534 CALENDERING, SIZING, COATING, AND RELATED  
OCCUPATIONS  
535 FORMING OCCUPATIONS, N.E.C.  
539 OCCUPATIONS IN PROCESSING OF PAPER AND  
RELATED MATERIALS, N.E.C.

#### **54 OCCUPATIONS IN PROCESSING OF PETROLEUM, COAL, NATURAL AND MANUFACTURED GAS, AND RELATED PRODUCTS**

540 MIXING AND BLENDING OCCUPATIONS  
541 FILTERING, STRAINING, AND SEPARATING  
OCCUPATIONS  
542 DISTILLING, SUBLIMING, AND CARBONIZING  
OCCUPATIONS  
543 DRYING, HEATING, AND MELTING OCCUPATIONS  
544 GRINDING AND CRUSHING OCCUPATIONS  
546 REACTING OCCUPATIONS, N.E.C.  
549 OCCUPATIONS IN PROCESSING OF PETROLEUM,  
COAL, NATURAL AND MANUFACTURED GAS, AND  
RELATED PRODUCTS, N.E.C.

#### **55 OCCUPATIONS IN PROCESSING OF CHEMICALS, PLASTICS, SYNTHETICS, RUBBER, PAINT, AND RELATED PRODUCTS**

550 MIXING AND BLENDING OCCUPATIONS  
551 FILTERING, STRAINING, AND SEPARATING  
OCCUPATIONS  
552 DISTILLING OCCUPATIONS  
553 HEATING, BAKING, DRYING, SEASONING, MELTING,  
AND HEAT-TREATING OCCUPATIONS  
554 COATING, CALENDERING, LAMINATING, AND  
FINISHING OCCUPATIONS  
555 GRINDING AND CRUSHING OCCUPATIONS  
556 CASTING AND MOLDING OCCUPATIONS, N.E.C.  
557 EXTRUDING OCCUPATIONS  
558 REACTING OCCUPATIONS, N.E.C.  
559 OCCUPATIONS IN PROCESSING OF CHEMICALS,  
PLASTICS, SYNTHETICS, RUBBER, PAINT, AND  
RELATED PRODUCTS, N.E.C.

#### **56 OCCUPATIONS IN PROCESSING OF WOOD AND WOOD PRODUCTS**

560 MIXING AND RELATED OCCUPATIONS  
561 WOOD PRESERVING AND RELATED OCCUPATIONS  
562 SATURATING, COATING, AND RELATED  
OCCUPATIONS, N.E.C.  
563 DRYING, SEASONING, AND RELATED OCCUPATIONS  
564 GRINDING AND CHOPPING OCCUPATIONS, N.E.C.  
569 OCCUPATIONS IN PROCESSING OF WOOD AND  
WOOD PRODUCTS, N.E.C.



## **57 OCCUPATIONS IN PROCESSING OF STONE, CLAY, GLASS, AND RELATED PRODUCTS**

570 CRUSHING, GRINDING, AND MIXING OCCUPATIONS  
571 SEPARATING OCCUPATIONS  
572 MELTING OCCUPATIONS  
573 BAKING, DRYING, AND HEAT-TREATING OCCUPATIONS  
574 IMPREGNATING, COATING, AND GLAZING OCCUPATIONS  
575 FORMING OCCUPATIONS  
579 OCCUPATIONS IN PROCESSING OF STONE, CLAY, GLASS, AND RELATED PRODUCTS, N.E.C.

## **58 OCCUPATIONS IN PROCESSING OF LEATHER, TEXTILES, AND RELATED PRODUCTS**

580 SHAPING, BLOCKING, STRETCHING, AND TENTERING OCCUPATIONS  
581 SEPARATING, FILTERING, AND DRYING OCCUPATIONS  
582 WASHING, STEAMING, AND SATURATING OCCUPATIONS  
583 IRONING, PRESSING, GLAZING, STAKING, CALENDERING, AND EMBOSsing OCCUPATIONS  
584 MERCERIZING, COATING, AND LAMINATING OCCUPATIONS  
585 SINGEING, CUTTING, SHEARING, SHAVING, AND NAPPING OCCUPATIONS  
586 FELTING AND FULLING OCCUPATIONS  
587 BRUSHING AND SHRINKING OCCUPATIONS  
589 OCCUPATIONS IN PROCESSING OF LEATHER, TEXTILES, AND RELATED PRODUCTS, N.E.C.

## **59 PROCESSING OCCUPATIONS, N.E.C.**

590 OCCUPATIONS IN PROCESSING PRODUCTS FROM ASSORTED MATERIALS  
599 MISCELLANEOUS PROCESSING OCCUPATIONS, N.E.C.

## **MACHINE TRADES OCCUPATIONS**

### **60 METAL MACHINING OCCUPATIONS**

600 MACHINISTS AND RELATED OCCUPATIONS  
601 TOOLMAKERS AND RELATED OCCUPATIONS  
602 GEAR MACHINING OCCUPATIONS  
603 ABRADING OCCUPATIONS  
604 TURNING OCCUPATIONS  
605 MILLING, SHAPING, AND PLANING OCCUPATIONS  
606 BORING OCCUPATIONS

607 SAWING OCCUPATIONS  
609 METAL MACHINING OCCUPATIONS, N.E.C.

### **61 METALWORKING OCCUPATIONS, N.E.C.**

610 HAMMER FORGING OCCUPATIONS  
611 PRESS FORGING OCCUPATIONS  
612 FORGING OCCUPATIONS, N.E.C.  
613 SHEET AND BAR ROLLING OCCUPATIONS  
614 EXTRUDING AND DRAWING OCCUPATIONS  
615 PUNCHING AND SHEARING OCCUPATIONS  
616 FABRICATING MACHINE OCCUPATIONS  
617 FORMING OCCUPATIONS, N.E.C.  
619 MISCELLANEOUS METALWORKING OCCUPATIONS, N.E.C.

### **62/63 MECHANICS AND MACHINERY REPAIRERS**

620 MOTORIZED VEHICLE AND ENGINEERING EQUIPMENT MECHANICS AND REPAIRERS  
621 AIRCRAFT MECHANICS AND REPAIRERS  
622 RAIL EQUIPMENT MECHANICS AND REPAIRERS  
623 MARINE MECHANICS AND REPAIRERS  
624 FARM MECHANICS AND REPAIRERS  
625 ENGINE, POWER TRANSMISSION, AND RELATED MECHANICS  
626 METALWORKING MACHINERY MECHANICS  
627 PRINTING AND PUBLISHING MECHANICS AND REPAIRERS  
628 TEXTILE MACHINERY AND EQUIPMENT MECHANICS AND REPAIRERS  
629 SPECIAL INDUSTRY MACHINERY MECHANICS  
630 GENERAL INDUSTRY MECHANICS AND REPAIRERS  
631 POWERPLANT MECHANICS AND REPAIRERS  
632 ORDNANCE AND ACCESSORIES MECHANICS AND REPAIRERS  
633 BUSINESS AND COMMERCIAL MACHINE REPAIRERS  
637 UTILITIES SERVICE MECHANICS AND REPAIRERS  
638 MISCELLANEOUS OCCUPATIONS IN MACHINE INSTALLATION AND REPAIR  
639 MECHANICS AND MACHINERY REPAIRERS, N.E.C.

### **64 PAPERWORKING OCCUPATIONS**

640 PAPER CUTTING, WINDING, AND RELATED OCCUPATIONS  
641 FOLDING, CREASING, SCORING, AND GLUING OCCUPATIONS  
649 PAPERWORKING OCCUPATIONS, N.E.C.

## **65 PRINTING OCCUPATIONS**

650 TYPESETTERS AND COMPOSERS  
651 PRINTING PRESS OCCUPATIONS  
652 PRINTING MACHINE OCCUPATIONS  
653 BOOKBINDING-MACHINE OPERATORS AND  
RELATED OCCUPATIONS  
654 TYPECASTERS AND RELATED OCCUPATIONS  
659 PRINTING OCCUPATIONS, N.E.C.

## **66 WOOD MACHINING OCCUPATIONS**

660 CABINETMAKERS  
661 PATTERNMAKERS  
662 SANDING OCCUPATIONS  
663 SHEARING AND SHAVING OCCUPATIONS  
664 TURNING OCCUPATIONS  
665 MILLING AND PLANING OCCUPATIONS  
666 BORING OCCUPATIONS  
667 SAWING OCCUPATIONS  
669 WOOD MACHINING OCCUPATIONS, N.E.C.

## **67 OCCUPATIONS IN MACHINING STONE, CLAY, GLASS, AND RELATED MATERIALS**

670 STONECUTTERS AND RELATED OCCUPATIONS  
673 ABRADING OCCUPATIONS  
674 TURNING OCCUPATIONS  
675 PLANING AND SHAPING OCCUPATIONS, N.E.C.  
676 BORING AND PUNCHING OCCUPATIONS  
677 CHIPPING, CUTTING, SAWING, AND RELATED  
OCCUPATIONS  
679 OCCUPATIONS IN MACHINING STONE, CLAY, GLASS,  
AND RELATED MATERIALS, N.E.C.

## **68 TEXTILE OCCUPATIONS**

680 CARDING, COMBING, DRAWING, AND RELATED  
OCCUPATIONS  
681 TWISTING, BEAMING, WARPING, AND RELATED  
OCCUPATIONS  
682 SPINNING OCCUPATIONS  
683 WEAVERS AND RELATED OCCUPATIONS  
684 HOSIERY KNITTING OCCUPATIONS  
685 KNITTING OCCUPATIONS, EXCEPT HOSIERY  
686 PUNCHING, CUTTING, FORMING, AND RELATED  
OCCUPATIONS  
687 TUFTING OCCUPATIONS  
689 TEXTILE OCCUPATIONS, N.E.C.

## **69 MACHINE TRADES OCCUPATIONS, N.E.C.**

690 PLASTICS, SYNTHETICS, RUBBER, AND LEATHER  
WORKING OCCUPATIONS  
691 OCCUPATIONS IN FABRICATION OF INSULATED  
WIRE AND CABLE  
692 OCCUPATIONS IN FABRICATION OF PRODUCTS  
FROM ASSORTED MATERIALS  
693 MODELMAKERS, PATTERNMAKERS, AND RELATED  
OCCUPATIONS  
694 OCCUPATIONS IN FABRICATION OF ORDNANCE,  
AMMUNITION, AND RELATED PRODUCTS, N.E.C.  
699 MISCELLANEOUS MACHINE TRADES OCCUPATIONS,  
N.E.C.

## **BENCHWORK OCCUPATIONS**

### **70 OCCUPATIONS IN FABRICATION, ASSEMBLY, AND REPAIR OF METAL PRODUCTS, N.E.C.**

700 OCCUPATIONS IN FABRICATION, ASSEMBLY, AND  
REPAIR OF JEWELRY, SILVERWARE, AND RELATED  
PRODUCTS  
701 OCCUPATIONS IN FABRICATION, ASSEMBLY, AND  
REPAIR OF TOOLS, AND RELATED PRODUCTS  
703 OCCUPATIONS IN ASSEMBLY AND REPAIR OF  
SHEETMETAL PRODUCTS, N.E.C.  
704 ENGRAVERS, ETCHERS, AND RELATED  
OCCUPATIONS  
705 FILING, GRINDING, BUFFING, CLEANING, AND  
POLISHING OCCUPATIONS, N.E.C.  
706 METAL UNIT ASSEMBLERS AND ADJUSTERS, N.E.C.  
709 MISCELLANEOUS OCCUPATIONS IN FABRICATION,  
ASSEMBLY, AND REPAIR OF METAL PRODUCTS,  
N.E.C.

### **71 OCCUPATIONS IN FABRICATION AND REPAIR OF SCIENTIFIC, MEDICAL, PHOTOGRAPHIC, OPTICAL, HOROLOGICAL, AND RELATED PRODUCTS**

710 OCCUPATIONS IN FABRICATION AND REPAIR OF  
INSTRUMENTS FOR MEASURING, CONTROLLING,  
AND INDICATING PHYSICAL CHARACTERISTICS  
711 OCCUPATIONS IN FABRICATION AND REPAIR OF  
OPTICAL INSTRUMENTS  
712 OCCUPATIONS IN FABRICATION AND REPAIR OF  
SURGICAL, MEDICAL, AND DENTAL INSTRUMENTS  
AND SUPPLIES  
713 OCCUPATIONS IN FABRICATION AND REPAIR OF  
OPHTHALMIC GOODS

714 OCCUPATIONS IN FABRICATION AND REPAIR OF PHOTOGRAPHIC EQUIPMENT AND SUPPLIES  
715 OCCUPATIONS IN FABRICATION AND REPAIR OF WATCHES, CLOCKS, AND PARTS  
716 OCCUPATIONS IN FABRICATION AND REPAIR OF ENGINEERING AND SCIENTIFIC INSTRUMENTS AND EQUIPMENT, N.E.C.  
719 OCCUPATIONS IN FABRICATION AND REPAIR OF SCIENTIFIC AND MEDICAL APPARATUS, PHOTOGRAPHIC AND OPTICAL GOODS, HOROLOGICAL, AND RELATED PRODUCTS, N.E.C.

## **72 OCCUPATIONS IN ASSEMBLY AND REPAIR OF ELECTRICAL EQUIPMENT**

720 OCCUPATIONS IN ASSEMBLY AND REPAIR OF RADIO AND TELEVISION RECEIVING SETS AND PHONOGRAPHS  
721 OCCUPATIONS IN ASSEMBLY AND REPAIR OF MOTORS, GENERATORS, AND RELATED PRODUCTS  
722 OCCUPATIONS IN ASSEMBLY AND REPAIR OF COMMUNICATIONS EQUIPMENT  
723 OCCUPATIONS IN ASSEMBLY AND REPAIR OF ELECTRICAL APPLIANCES AND FIXTURES  
724 OCCUPATIONS IN WINDING AND ASSEMBLING COILS, MAGNETS, ARMATURES, AND RELATED PRODUCTS  
725 OCCUPATIONS IN ASSEMBLY OF LIGHT BULBS AND ELECTRONIC TUBES  
726 OCCUPATIONS IN ASSEMBLY AND REPAIR OF ELECTRONIC COMPONENTS AND ACCESSORIES, N.E.C.  
727 OCCUPATIONS IN ASSEMBLY OF STORAGE BATTERIES  
728 OCCUPATIONS IN FABRICATION OF ELECTRICAL WIRE AND CABLE  
729 OCCUPATIONS IN ASSEMBLY AND REPAIR OF ELECTRICAL EQUIPMENT, N.E.C.

## **73 OCCUPATIONS IN FABRICATION AND REPAIR OF PRODUCTS MADE FROM ASSORTED MATERIALS**

730 OCCUPATIONS IN FABRICATION AND REPAIR OF MUSICAL INSTRUMENTS AND PARTS  
731 OCCUPATIONS IN FABRICATION AND REPAIR OF GAMES AND TOYS  
732 OCCUPATIONS IN FABRICATION AND REPAIR OF SPORTING GOODS  
733 OCCUPATIONS IN FABRICATION AND REPAIR OF PENS, PENCILS, AND OFFICE AND ARTISTS' MATERIALS, N.E.C.  
734 OCCUPATIONS IN FABRICATION AND REPAIR OF NOTIONS

735 OCCUPATIONS IN FABRICATION AND REPAIR OF JEWELRY, N.E.C.  
736 OCCUPATIONS IN FABRICATION AND REPAIR OF ORDNANCE AND ACCESSORIES  
737 OCCUPATIONS IN FABRICATION OF AMMUNITION, FIREWORKS, EXPLOSIVES, AND RELATED PRODUCTS  
739 OCCUPATIONS IN FABRICATION AND REPAIR OF PRODUCTS MADE FROM ASSORTED MATERIALS, N.E.C.

## **74 PAINTING, DECORATING, AND RELATED OCCUPATIONS**

740 PAINTERS, BRUSH  
741 PAINTERS, SPRAY  
742 STAINING, WAXING, AND RELATED OCCUPATIONS  
749 PAINTING, DECORATING, AND RELATED OCCUPATIONS, N.E.C.

## **75 OCCUPATIONS IN FABRICATION AND REPAIR OF PLASTICS, SYNTHETICS, RUBBER, AND RELATED PRODUCTS**

750 OCCUPATIONS IN FABRICATION AND REPAIR OF TIRES, TUBES, TIRE TREADS, AND RELATED PRODUCTS  
751 LAYING OUT AND CUTTING OCCUPATIONS, N.E.C.  
752 FITTING, SHAPING, CEMENTING, FINISHING, AND RELATED OCCUPATIONS, N.E.C.  
753 OCCUPATIONS IN FABRICATION AND REPAIR OF RUBBER AND PLASTIC FOOTWEAR  
754 OCCUPATIONS IN FABRICATION AND REPAIR OF MISCELLANEOUS PLASTICS PRODUCTS  
759 OCCUPATIONS IN FABRICATION AND REPAIR OF PLASTICS, SYNTHETICS, RUBBER, AND RELATED PRODUCTS, N.E.C.

## **76 OCCUPATIONS IN FABRICATION AND REPAIR OF WOOD PRODUCTS**

760 BENCH CARPENTERS AND RELATED OCCUPATIONS  
761 OCCUPATIONS IN LAYING OUT, CUTTING, CARVING, SHAPING, AND SANDING WOOD PRODUCTS, N.E.C.  
762 OCCUPATIONS IN ASSEMBLING WOOD PRODUCTS, N.E.C.  
763 OCCUPATIONS IN FABRICATION AND REPAIR OF FURNITURE, N.E.C.  
764 COOPERAGE OCCUPATIONS  
769 OCCUPATIONS IN FABRICATION AND REPAIR OF WOOD PRODUCTS, N.E.C.

## **77 OCCUPATIONS IN FABRICATION AND REPAIR OF SAND, STONE, CLAY, AND GLASS PRODUCTS**

- 770 OCCUPATIONS IN FABRICATION AND REPAIR OF JEWELRY, ORNAMENTS, AND RELATED PRODUCTS
- 771 STONE CUTTERS AND CARVERS
- 772 GLASS BLOWING, PRESSING, SHAPING, AND RELATED OCCUPATIONS, N.E.C.
- 773 OCCUPATIONS IN COLORING AND DECORATING BRICK, TILE, AND RELATED PRODUCTS
- 774 OCCUPATIONS IN FABRICATION AND REPAIR OF POTTERY AND PORCELAIN WARE
- 775 GRINDING, FILING, POLISHING, FROSTING, ETCHING, CLEANING, AND RELATED OCCUPATIONS, N.E.C.
- 776 OCCUPATIONS IN FABRICATION AND REPAIR OF ASBESTOS AND POLISHING PRODUCTS, ABRASIVES, AND RELATED MATERIALS
- 777 MODELMAKERS, PATTERNMAKERS, MOLDMAKERS, AND RELATED OCCUPATIONS
- 779 OCCUPATIONS IN FABRICATION AND REPAIR OF SAND, STONE, CLAY, AND GLASS PRODUCTS, N.E.C.

## **78 OCCUPATIONS IN FABRICATION AND REPAIR OF TEXTILE, LEATHER, AND RELATED PRODUCTS**

- 780 OCCUPATIONS IN UPHOLSTERING AND IN FABRICATION AND REPAIR OF STUFFED FURNITURE, MATTRESSES, AND RELATED PRODUCTS
- 781 LAYING OUT, MARKING, CUTTING, AND PUNCHING OCCUPATIONS, N.E.C.
- 782 HAND SEWERS, MENDERS, EMBROIDERERS, KNITTERS, AND RELATED OCCUPATIONS, N.E.C.
- 783 FUR AND LEATHER WORKING OCCUPATIONS
- 784 OCCUPATIONS IN FABRICATION AND REPAIR OF HATS, CAPS, GLOVES, AND RELATED PRODUCTS
- 785 TAILORS AND DRESSMAKERS
- 786 SEWING MACHINE OPERATORS, GARMENT
- 787 SEWING MACHINE OPERATORS, NONGARMENT
- 788 OCCUPATIONS IN FABRICATION AND REPAIR OF FOOTWEAR
- 789 OCCUPATIONS IN FABRICATION AND REPAIR OF TEXTILE, LEATHER, AND RELATED PRODUCTS, N.E.C.

## **79 BENCHWORK OCCUPATIONS, N.E.C.**

- 790 OCCUPATIONS IN PREPARATION OF FOOD, TOBACCO, AND RELATED PRODUCTS, N.E.C.
- 794 OCCUPATIONS IN FABRICATION OF PAPER PRODUCTS, N.E.C.
- 795 GLUING OCCUPATIONS, N.E.C.

## **STRUCTURAL WORK OCCUPATIONS**

### **80 OCCUPATIONS IN METAL FABRICATING, N.E.C.**

- 800 RIVETERS, N.E.C.
- 801 FITTING, BOLTING, SCREWING, AND RELATED OCCUPATIONS
- 804 TINSMITHS, COPPERSMITHS, AND SHEET METAL WORKERS
- 805 BOILERMAKERS
- 806 TRANSPORTATION EQUIPMENT ASSEMBLERS AND RELATED OCCUPATIONS
- 807 STRUCTURAL REPAIRERS, TRANSPORTATION EQUIPMENT
- 809 MISCELLANEOUS OCCUPATIONS IN METAL FABRICATING, N.E.C.

### **81 WELDERS, CUTTERS, AND RELATED OCCUPATIONS**

- 810 ARC WELDERS AND CUTTERS
- 811 GAS WELDERS
- 812 RESISTANCE WELDERS
- 813 BRAZING, BRAZE-WELDING, AND SOLDERING OCCUPATIONS
- 814 SOLID STATE WELDERS
- 815 ELECTRON-BEAM; ELECTROSLAG; THERMIT; INDUCTION; AND LASER-BEAM WELDERS
- 816 THERMAL CUTTERS AND ARC CUTTERS
- 819 WELDERS, CUTTERS, AND RELATED OCCUPATIONS, N.E.C.

### **82 ELECTRICAL ASSEMBLING, INSTALLING, AND REPAIRING OCCUPATIONS**

- 820 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF GENERATORS, MOTORS, ACCESSORIES, AND RELATED POWERPLANT EQUIPMENT
- 821 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF TRANSMISSION AND DISTRIBUTION LINES AND CIRCUITS
- 822 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF WIRE COMMUNICATION, DETECTION AND SIGNALING EQUIPMENT
- 823 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF ELECTRONIC COMMUNICATION, DETECTION, AND SIGNALING EQUIPMENT
- 824 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF LIGHTING EQUIPMENT AND BUILDING WIRING, N.E.C.
- 825 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF TRANSPORTATION AND MATERIAL-HANDLING EQUIPMENT, N.E.C.

826 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF INDUSTRIAL APPARATUS, N.E.C.

827 OCCUPATIONS IN ASSEMBLY, INSTALLATION, AND REPAIR OF LARGE HOUSEHOLD APPLIANCES AND SIMILAR COMMERCIAL AND INDUSTRIAL EQUIPMENT

828 OCCUPATIONS IN FABRICATION, INSTALLATION, AND REPAIR OF ELECTRICAL AND ELECTRONICS PRODUCTS, N.E.C.

829 OCCUPATIONS IN INSTALLATION AND REPAIR OF ELECTRICAL PRODUCTS, N.E.C.

#### **84 PAINTING, PLASTERING, WATERPROOFING, CEMENTING, AND RELATED OCCUPATIONS**

840 CONSTRUCTION AND MAINTENANCE PAINTERS AND RELATED OCCUPATIONS

841 PAPERHANGERS

842 PLASTERERS AND RELATED OCCUPATIONS

843 WATERPROOFING AND RELATED OCCUPATIONS

844 CEMENT AND CONCRETE FINISHING AND RELATED OCCUPATIONS

845 TRANSPORTATION EQUIPMENT PAINTERS AND RELATED OCCUPATIONS

849 PAINTING, PLASTERING, WATERPROOFING, CEMENTING, AND RELATED OCCUPATIONS, N.E.C.

#### **85 EXCAVATING, GRADING, PAVING, AND RELATED OCCUPATIONS**

850 EXCAVATING, GRADING, AND RELATED OCCUPATIONS

851 DRAINAGE AND RELATED OCCUPATIONS

853 PAVING OCCUPATIONS, ASPHALT AND CONCRETE

859 EXCAVATING, GRADING, PAVING, AND RELATED OCCUPATIONS, N.E.C.

#### **86 CONSTRUCTION OCCUPATIONS, N.E.C.**

860 CARPENTERS AND RELATED OCCUPATIONS

861 BRICK AND STONE MASONS AND TILE SETTERS

862 PLUMBERS, GAS FITTERS, STEAM FITTERS, AND RELATED OCCUPATIONS

863 ASBESTOS AND INSULATION WORKERS

864 FLOOR LAYING AND FINISHING OCCUPATIONS

865 GLAZIERS AND RELATED OCCUPATIONS

866 ROOFERS AND RELATED OCCUPATIONS

869 MISCELLANEOUS CONSTRUCTION OCCUPATIONS, N.E.C.

#### **89 STRUCTURAL WORK OCCUPATIONS, N.E.C.**

891 OCCUPATIONS IN STRUCTURAL MAINTENANCE, N.E.C.

899 MISCELLANEOUS STRUCTURAL WORK OCCUPATIONS, N.E.C.

#### **MISCELLANEOUS OCCUPATIONS**

##### **90 MOTOR FREIGHT OCCUPATIONS**

900 CONCRETE-MIXING-TRUCK DRIVERS

902 DUMP-TRUCK DRIVERS

903 TRUCK DRIVERS, INFLAMMABLES

904 TRAILER-TRUCK DRIVERS

905 TRUCK DRIVERS, HEAVY

906 TRUCK DRIVERS, LIGHT

909 MOTOR FREIGHT OCCUPATIONS, N.E.C.

##### **91 TRANSPORTATION OCCUPATIONS, N.E.C.**

910 RAILROAD TRANSPORTATION OCCUPATIONS

911 WATER TRANSPORTATION OCCUPATIONS

912 AIR TRANSPORTATION OCCUPATIONS

913 PASSENGER TRANSPORTATION OCCUPATIONS, N.E.C.

914 PUMPING AND PIPELINE TRANSPORTATION OCCUPATIONS

915 ATTENDANTS AND SERVICERS, PARKING LOTS AND AUTOMOTIVE SERVICE FACILITIES

919 MISCELLANEOUS TRANSPORTATION OCCUPATIONS, N.E.C.

##### **92 PACKAGING AND MATERIALS HANDLING OCCUPATIONS**

920 PACKAGING OCCUPATIONS

921 HOISTING AND CONVEYING OCCUPATIONS

922 OCCUPATIONS IN MOVING AND STORING MATERIALS AND PRODUCTS, N.E.C.

929 PACKAGING AND MATERIALS HANDLING OCCUPATIONS, N.E.C.

##### **93 OCCUPATIONS IN EXTRACTION OF MINERALS**

930 EARTH BORING, DRILLING, CUTTING, AND RELATED OCCUPATIONS

931 BLASTING OCCUPATIONS

932 LOADING AND CONVEYING OPERATIONS

933 CRUSHING OCCUPATIONS

934 SCREENING AND RELATED OCCUPATIONS

939 OCCUPATIONS IN EXTRACTION OF MINERALS,  
N.E.C.

**95 OCCUPATIONS IN PRODUCTION AND DISTRIBUTION  
OF UTILITIES**

950 STATIONARY ENGINEERS

951 FIRERS AND RELATED OCCUPATIONS

952 OCCUPATIONS IN GENERATION, TRANSMISSION,  
AND DISTRIBUTION OF ELECTRIC LIGHT AND  
POWER

953 OCCUPATIONS IN PRODUCTION AND DISTRIBUTION  
OF GAS

954 OCCUPATIONS IN FILTRATION, PURIFICATION, AND  
DISTRIBUTION OF WATER

955 OCCUPATIONS IN DISPOSAL OF REFUSE AND  
SEWAGE

956 OCCUPATIONS IN DISTRIBUTION OF STEAM

959 OCCUPATIONS IN PRODUCTION AND DISTRIBUTION  
OF UTILITIES, N.E.C.

**96 AMUSEMENT, RECREATION, MOTION PICTURE,  
RADIO AND TELEVISION OCCUPATIONS, N.E.C.**

960 MOTION PICTURE PROJECTIONISTS

961 MODELS, STAND-INS, AND EXTRAS, N.E.C.

962 OCCUPATIONS IN MOTION PICTURE, TELEVISION,  
AND THEATRICAL PRODUCTIONS, N.E.C.

969 MISCELLANEOUS AMUSEMENT AND RECREATION  
OCCUPATIONS, N.E.C.

**97 OCCUPATIONS IN GRAPHIC ART WORK**

970 ART WORK OCCUPATIONS, BRUSH, SPRAY, OR PEN

971 PHOTOENGRAVING OCCUPATIONS

972 LITHOGRAPHERS AND RELATED OCCUPATIONS

973 HAND COMPOSITORS, TYPESETTERS, AND RELATED  
OCCUPATIONS

974 ELECTROTYPERS, STEREOTYPERS, AND RELATED  
OCCUPATIONS

976 DARKROOM OCCUPATIONS, N.E.C.

977 BOOKBINDERS AND RELATED OCCUPATIONS

979 OCCUPATIONS IN GRAPHIC ART WORK, N.E.C.

## **DUPLICATE WARRANT REQUEST INSTRUCTIONS**

### **FRMS-54**

**PURPOSE:** This form is used when participant notifies county of non-receipt of a warrant and the warrant has not been cashed.

**USE:** Required

**DISTRIBUTION:** Original to SDHR, Finance Division, Attention: Contracts and Benefits; or scanned copy to DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK; copy to case record. If original is scanned, place the original in the case record.

#### **INSTRUCTIONS:**

1. The form is fillable on your computer or you may print and complete by hand.
2. The case manager should complete the top of the form. It must then be signed by the payee and mailed to the Finance Division. The bottom section of the form is for State Finance Office use only.
3. The form may instead be scanned and emailed to the DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK where it will be forwarded to the Finance Division. **IMPORTANT:** If you choose to email the forms, remember you may not include the entire SSN on the forms. Please only complete the last four numbers.
4. If no further action is required on the part of the county (e.g., a duplicate check will be mailed to the client by the Finance Division), the county files the form in the case record.

Please refer to Section 6 – Flowcharts of Appendix B of the *JOBS Program Policy Manual* for further information.

**STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
DIVISION OF CONTROL AND ACCOUNTS  
DUPLICATE WARRANT REQUEST**

**NOTE: DO NOT CASH WARRANT AFTER SUBMITTING REQUEST FOR DUPLICATE.**

Please return this form to the state agency that issued the warrant. This will notify the State Comptroller to stop payment on the warrant and to issue a duplicate warrant. A warrant marked "DUPLICATE" will be forwarded to you by the issuing agency.

Agency Name <b><u>DEPT OF HUMAN RESOURCES</u></b>	Agency Number <b><u>016</u></b>
Warrant Number _____	Voucher Number <b><u>N/A</u></b>
Amount <b><u>\$</u></b> _____	Date of Warrant _____
Fund No. on Warrant <b><u>0324</u></b>	Vendor # (FEIN) _____
	(Last Four SSN#)
Name of Payee _____	Vendor Cust # <b><u>N/A</u></b>
Address of Payee _____	

.....

Under penalty of perjury, I certify that the above warrant issued by the State of Alabama was mutilated, destroyed, or lost. I hereby request that the State Comptroller stop payment and issue a duplicate warrant in accordance with Title 41-4-58, Code of Alabama 1975, as amended. Fraudulently obtaining a duplicate warrant is unlawful under Title 13 A-9-3, Code of Alabama 1975, as amended.

\_\_\_\_\_  
Payee's Signature

.....

**FOR OT WARRANTS ONLY:**

We, the AGENCY, certify that all of the above information has been verified and reflects how the Original OT warrant was issued.

\_\_\_\_\_  
Agency Representative's Name (PRINTED)

\_\_\_\_\_  
Agency Representative's Signature



**INSTRUCTIONS FOR THE DHR-FAD-2220**  
**ELIGIBILITY AND AFFIRMATION FOR EMPLOYMENT PREPARATION OR CAREER PATHWAYS SERVICES**

This form is used to establish eligibility for persons who apply to participate in the Employment Preparation Services (EPS) partnership between the Alabama Department of Human Resources and the Alabama Community College System. The instructions listed below have been designed specifically for use with Employment Preparation Services or DHR-funded Career Pathways Services (CPS).

**ALL ITEMS ON THIS FORM SHOULD BE COMPLETED AS FOLLOWS:**

FIELD	INSTRUCTION
Name, Street, City, State, Zip Code, SSN, Phone #	Complete with current information for the EPS applicant.
A, B, and C	Determine if the applicant is the parent of at least one child that meets age requirements and if that child lives in or out of the applicant's home. If the applicant is not a parent, determine if the applicant provides care for any children who meet age requirements and live in the home with the applicant and if the applicant is related to those children. If the answer to all three questions is no, the applicant is not eligible for EPS or CPS.
1, 2, and 3	Determine if the applicant and/or their children receive the listed services.
Family Size Chart	Determine how many people are in the family. To calculate the correct family size, include parents, relative caretakers, and all children who are under age 18 or who are 18 and still in high school. A child of the applicant who is 19 is not included even if that child still attends high school. People unrelated to the children or relatives who have separate households living in the same home are not included.
Gross Income Chart	List each adult member of the family (age 19 or older) who has income of any kind. Income may be listed as monthly or annual income, but all income must be designated as monthly or annually. Convert weekly income to monthly income by multiplying it times the average 4.33. Convert biweekly income to monthly income by multiplying it times 2.15. Proof of income does not have to be submitted with the application, but the referring agency should retain this proof of financial eligibility in their records. For questions regarding income, please contact the Family Assistance Division-JOBS Program.
Total Family Gross Monthly/Annual Income	Add all of the listed income to determine the total family income. Use the current DHR poverty guideline chart to determine if the family income is 200% of the federal poverty line or less.
Affirmation	The applicant should read the Affirmation statement and sign and date the form. The person referring the applicant to EPS or CPS should also sign and date the form.
For Authorized Provider Use	Indicate whether the course of study meets Pell Grant requirements. If it does, please include proof of application for Pell Grant along with the DHR-ACCS-EPS- 2219.

After the application is complete, forward a scanned copy of it and the required attachments to Anissa Bates of the State Department of Human Resources Family Assistance Division at [anissa.bates@dhr.alabama.gov](mailto:anissa.bates@dhr.alabama.gov). Questions regarding EPS services may also be directed to Anissa Bates. Retain original forms in accordance with Alabama Community College System policy.

## Eligibility and Affirmation for Employment Preparation or Career Pathways Services

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Street \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- A. Are you a parent of a child or children under age 18, or 18 and in secondary school? Yes ☐ No ☐
- B. Are you the parent of a child or children who are not living with you but who are under age 18 or age 18 and in high school? Yes ☐ No ☐
- C. Do you have any related children under age 18, or 18 and in secondary school, living with you? Yes ☐ No ☐
- If yes, what is your relationship to the child or children? \_\_\_\_\_

If you answered no to A, B and C, you are not eligible for the Employment Preparation Services Program.  
If you answered yes to A, B, or C, continue to the next section.

1. Do you receive Family Assistance benefits from the Department of Human Resources? Yes ☐ No ☐
2. Do you receive Food Stamp benefits? Yes ☐ No ☐
3. Do you or your children receive Medicaid benefits? Yes ☐ No ☐

Circle the correct family size on the chart below. To determine correct family size include parent(s) and/or related caretaker(s) and children under age 18, or 18 and in secondary school, who live together.

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

Enter the name and gross monthly or gross annual income for each family member who is age 19 or over.

Family Member	Monthly Gross Income	Annual Gross Income
1.		
2.		
3.		
4.		
Total Family Gross Monthly/Annual Income listed above		\$

**AFFIRMATION:** I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge. I further certify that all family members, including myself, are U. S. citizens or aliens in satisfactory immigration status. I understand that if I give incomplete, incorrect, or misleading information, I may have to pay for services that I received during my ineligibility.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness if Signed by X \_\_\_\_\_ Date \_\_\_\_\_

Referring Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Authorized Provider Use Only**  
Is course of study eligible for Pell Grant? Yes ☐ No ☐ Proof of application for Pell Grant attached? Yes ☐ No ☐

**For DHR Use Only**  
Authorizing Signature: \_\_\_\_\_ Family is eligible for TANF services: Yes ☐ No ☐  
Date: \_\_\_\_\_

**INSTRUCTIONS FOR THE DHR-FAD-2219  
ELIGIBILITY AND AFFIRMATION FOR JARC SERVICES**

This form is used to establish eligibility for persons who apply to participate in the Job Access and Reverse Commute (JARC) partnership between the Alabama Department of Human Resources and the Alabama Department of Transportation. The instructions listed below have been designed specifically for use with TANF-funded JARC services.

**ALL ITEMS ON THIS FORM SHOULD BE COMPLETED AS FOLLOWS:**

FIELD	INSTRUCTION
Name, Street, City, State, Zip Code, SSN, Phone #	Complete with current information for the JARC applicant.
A and B	Determine if the applicant is the parent of at least one child that meets age requirements. If the applicant is not a parent, determine if the applicant provides care for any related children who meet age requirements and live in the home with the applicant. Attach proof. If the answer to both questions is no, the applicant is not eligible for TANF-funded services.
1, 2, and 3	Determine if the applicant and/or their children receive the listed services. Attach proof. If the household is verified to receive Food Assistance, Family Assistance, or Medicaid benefits, skip to the Affirmation section.
Family Size Chart	Determine how many people are in the family. To calculate the correct family size, include parents, relative caretakers, and all children who are under age 18 or who are 18 and still in high school. A child of the applicant who is 19 is not included even if that child still attends high school. People unrelated to the children or relatives who have separate households living in the same home are not included.
Gross Income Chart	List each adult member of the family (age 19 or older) who has income of any kind. Income may be listed as monthly or annual income, but all income must be designated as monthly or annual. Convert weekly income to monthly income by multiplying it times 4.33. Convert biweekly income to monthly income by multiplying it times 2.15. Attach proof. For questions regarding income, please contact the Family Assistance Division—JOBS Program.
Total Family Gross Monthly/Annual Income	Add all of the listed income to determine the total family income. Use the current DHR poverty guideline chart (found in <i>JPPM</i> Appendix B on iDHR) to determine if the family income is 200% of the federal poverty line or less.
Affirmation	The applicant should read the Affirmation statement and sign and date the form. The worker referring the applicant for services should also sign and date the form.
For DHR Use Only	If the county DHR office completes the form with the applicant, the county DHR office should determine if the applicant is eligible for TANF services. If yes, assign a six-month certification period that starts the month that the determination is made and ends at the end of the fifth month after the month in which the certification period begins. Sign and date the form as the Authorizing Signature and forward the form to the local JARC transportation vendor. <b>If a transportation vendor or other agency is assisting the applicant, leave this section blank. Forward the form to the Family Assistance Division for authorization.</b> Fax completed eligibility forms with verification to Catherine Gray of the State Department of Human Resources Family Assistance Division at (334) 242-0513 or scan information and email it to <a href="mailto:Catherine.Gray@dhr.alabama.gov">Catherine.Gray@dhr.alabama.gov</a> .

## Eligibility and Affirmation for JARC Services

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Street \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- A. Are you a parent of a child under age 18, or 18 and in secondary school? Yes ☐ No ☐  
 B. Are you responsible for any related children under age 18, or 18 and in secondary school, who are living with you?  
 Yes ☐ No ☐

*If no to both A and B, you are not eligible for TANF services. If either answer is yes, go to the next section.*

1. Do you receive Family Assistance benefits from the Department of Human Resources? Yes ☐ No ☐  
 2. Do you receive Food Stamp benefits? Yes ☐ No ☐  
 3. Do you or your children receive Medicaid benefits? Yes ☐ No ☐

**If you answer yes to at least one of the questions from 1 to 3, skip to the Affirmation.**

If the answer is yes to any of the above questions, your family may be eligible for TANF services. If all of the answers to the above questions are no, use the chart below. To determine correct family size include parent(s) and/or related caretaker(s) and children under age 18, or 18 and in secondary school, who live together.

*Circle the correct family size on the chart below.*

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

Enter the name and gross monthly or gross annual income for each family member who is age 19 or over.

Family Member	Monthly Gross Income	Annual Gross Income
1.		
2.		
3.		
4.		
Total Family Gross Monthly/Annual Income listed above		\$

**AFFIRMATION:** I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge. I further certify that all family members, including myself, are U. S. citizens or aliens in satisfactory immigration status. I agree to report changes in my circumstances. I understand that if I give incorrect/misleading information, I may have to pay for services that I received during my ineligibility.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness if Signed by X \_\_\_\_\_ Date \_\_\_\_\_

Referring Worker \_\_\_\_\_ Date \_\_\_\_\_

**For DHR Use Only**

Eligible for TANF services? Yes ☐ No ☐ Certification Period: Begin (MM/YY) \_\_\_\_\_ End (MM/YY) \_\_\_\_\_

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

### Eligibility and Affirmation for TANF Services

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Street \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a parent of a child under age 18, or 18 and in secondary school? Yes ☐ No ☐ Do you have any related children under age 18, or 18 and in secondary school, living with you? Yes ☐ No ☐

*If no to both questions, you are not eligible for TANF services. If either answer is yes, go to the next section.*

**If you answer yes to any one of the questions from 1 to 7, skip to the Affirmation.**

1. Do you receive Family Assistance benefits from the Department of Human Resources? Yes ☐ No ☐
2. Do you receive Food Stamp benefits? Yes ☐ No ☐
3. Do you or your children receive Medicaid benefits or All Kids? Yes ☐ No ☐
4. Does your child(ren), under age 18, or 18 and in secondary school, living with you, participate in the reduced or free lunch program at school? Yes ☐ No ☐
5. Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS? Yes ☐ No ☐
6. Does your child(ren) attend Head Start? Yes ☐ No ☐
7. Do you or your child(ren) receive WIC? Yes ☐ No ☐

If the answer is yes to any of the above questions, your family may be eligible for TANF services. If all of the answers to the above questions are no, use the chart below. To determine correct family size include parent(s) and/or related caretaker(s) and children under age 18, or 18 and in secondary school, who live together.

*Circle the correct family size on the chart below.*

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

Enter the name and gross income from wages and/or salary for each family member who is 19 or over.

Family Member	Monthly Gross Income from Wages/Salary	Annual Gross Income from Wages/Salary
1.		
2.		
3.		
4.		
Total Family Gross Monthly/Annual Income from Wages and/or Salary listed above		\$

**AFFIRMATION:** I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge. I further certify that all family members, including myself, are U. S. citizens or aliens in satisfactory immigration status. I understand that if I give incorrect/misleading information, I may have to pay for services that I received during my ineligibility.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness if Signed by X \_\_\_\_\_ Date \_\_\_\_\_

Case Manager \_\_\_\_\_ Date \_\_\_\_\_

**For DHR and Other Authorized Providers Use Only** Family is income eligible for TANF services? Yes ☐ No ☐

# Excused Absence Tracking Form/Worksheets Instructions

**Purpose:** *These forms will be used to track excused absence hours to ensure that the 80 hours limit per rolling 12-month period is not exceeded. The Excused Absence Tracking Form I is to be used only to track the first 12 months of excused absences after September 2008. The Excused Absence Tracking Form II must be used for tracking excused hours thereafter. Entries should be made only in the yellow shaded cells on each spreadsheet. Each completed spreadsheet must then be printed and placed in the client's paper file.* Use the Unpaid Hours Computation Worksheet (UHCW) to determine the number of countable excused hours for each month.

## ***Excused Absence Tracking Form I*** ***(First Twelve-Month Period)***

**Case Name and Case #:** Enter the client's name and *case* number.

**First 12-Month Period:** Enter the month and year of the beginning (**example:** 10-2008) and ending (**example:** 09-2009) of the first 12-month period. This period begins with the first day after September 30, 2008, in which the client accumulates countable excused absence hours and ends the last day of the twelfth consecutive month.

**Report Month/Year:** Enter the month and year for which the excused hours will be counted (**example:** 12-08 or 01-2009).

**12 Months Max Hours:** This is the maximum number of hours allowed for the 12-Month period. This number will be 80 for the first month after September 2008, and will be the same as the number of hours in the **12 Months Balance** field from the previous entry (Month) for each month thereafter. Excel calculates the hours automatically.

**Countable Hrs (UHCW):** Enter **Total Countable Excused Hours** from the UHCW or 16, whichever is less.

**12 Months Balance:** For completion in Excel the “**Countable Hours (UHCW)**” are subtracted from the “**12 Months Max Hours**” and the total is automatically entered. This balance should also be entered on the *UHCW for the corresponding report month in the **Balance from Excused Absence Tracking Sheet or 16 hours (whichever is less)** field.*

**Worker:** Enter the name or initials of the worker completing the entries to the form.

## **Instructions for Excused Absence Tracking II**

# Excused Absence Tracking Form/Worksheets Instructions

(Rolling Twelve-Month Periods)

All entries required for each report month are boxed together to allow entries for up to 12 report months. Individual cells are to be completed for each report month as stated below.

**Case Name and Case #:** Enter the client's name and *case* number.

**Report Month/Year:** Enter the month and year for which the excused hours will be counted.

**Previous 11 Months:** Enter the month and year (MM/YYYY) of each month in the 11-months period immediately prior to the report month. Automated Shortcut: In cells 1 and 2, enter the month and year (MM/YYYY) of the 1<sup>st</sup> 2 months immediately prior to the report month. Place cursor (thick cross) on cell 1; left click, hold, and drag cursor to cell 2 to highlight both cells; then release. Place cursor directly on top of the bottom right-hand corner of cell 2 until it turns into a thin cross; left click, hold, and drag cursor straight down to the right-hand corner of cell 11; then release. This will automatically populate cells 3 through 11 with the correct months and years.

**# of Hours (Previous 11 Months):** Enter the total number of countable excused absence hours for each month in the 11-months period from the corresponding Unpaid Hours Computation Worksheet. For the 11-months period for the first rolling report month, enter the excused absence hours from the corresponding Unpaid Hours Computation Worksheet (UHCW) forms. For report months thereafter, enter the hours from the UHCW or the **Actual Hrs Counted** field on the Tracking II form.

**TOTAL:** No entry required. The hours will be automatically calculated and entered.

**Maximum Hours:** No entry required. 80 will be automatically entered, i.e., the maximum number of countable excused hours for each 12-month period.

**Total 11 Mths Hrs:** No entry required. The number from the **TOTAL** field will be automatically entered.

**12 Month Balance:** No entry required. The **Previous 11 Months Total Hrs** will be automatically subtracted from the **Maximum Hours** and the result will be entered in this field.

**Actual Hrs Counted (16 or less):** Enter the number from the **12 Month Balance** field or 16, whichever is less. Also enter this number on the UHCW for the corresponding report month in the **Balance from Excused Absence Tracking Sheet or 16 hours (whichever is less)** field.

Enter the name or initials of the worker completing the entries for each report month to the right of the **Actual Hrs Counted (16 or less)** entry.

## **FAMILY RESPONSIBILITY AGREEMENT**

### **INSTRUCTIONS**

The FRA form is to be completed with and signed by the FA grantee relative and her/his spouse according to section 335. The FRA is documentation of the explanations provided to the FA grantee regarding her/his responsibilities as head of the FA unit, the grantee's agreement of understanding of her/his responsibilities, the grantee's participation status, and a Release of Information statement. All applicable statements of understanding and responsibility must be explained to the FA grantee and/or spouse.

#### **Page One**

Check all boxes applicable to the family circumstances.

1. *At least two* of the first *five* boxes should be checked with each update of the form, unless the FA grantee is a minor parent (unmarried teen parent under the age of 18). If the FA grantee is a minor parent, check the first, *second*, and *fourth* boxes, assuming the teen is required to participate.
  - ☐ *The first box should be checked by all FA grantee relatives*
  - ☐ Check the *second* box if the FA grantee is a mandatory participant and will participate.
  - ☐ Check the *third* box if the FA grantee is a mandatory participant whose participation is deferred or delayed.
  - ☐ Check the *fourth* box if the FA grantee is a minor parent.
  - ☐ Check the *fifth* box if the FA grantee is not subject to JOBS participation requirements, i.e., needs are not included in the FA grant determination.
2. The *sixth* through the *eighth* boxes should be checked as applicable to the family situation.
  - ☐ Check the *sixth* box if there is a minor parent included in the FA unit as a child.
  - ☐ Check the *seventh* box if there are other FA assistance unit members who are subject to JOBS participation requirements and list their names and SSN.
  - ☐ Check the *eighth* box if the FA grantee is married and receiving childcare.
3. The remaining statements at the bottom of page one and top of page two must be read and explained to the FA grantee relative and acted upon according to section 335-A.
4. The form is to be signed and dated by the FA grantee and, if applicable, the grantee's spouse as documentation that the grantee and/or spouse has read or had the statements read to her/him.



**FAMILY RESPONSIBILITY AGREEMENT**  
**INSTRUCTIONS**

Page Two

5. The case manager must sign and date the form after discussing the information with the FA grantee according to section 335-A.
6. The form may be updated twice after initial completion. Use a different color of ink for each update. If more than two updates are necessary, complete a new form.
7. The FA grantee must sign the Release of Information at the bottom of the page giving the Department permission to release and obtain certain information to other agencies providing JOBS Program related services to the family.
8. The case manager must sign and date the Release of Information section.

**Distribution:** The FRA is to be completed in duplicate. Give or mail one copy to the FA grantee, preferably the original, and file the other copy in the JOBS family case record as described in section 350-A.

## **Family Responsibility Agreement**

SSN  Name \_\_\_\_\_

I understand that the Department of Human Resources may provide temporary Financial Assistance (FA), if I am eligible, to my family. In order to receive this assistance:

(Check all that apply)

- ☐ I understand I must not use my EBT card in liquor, beer or wine stores, gambling places, strip clubs, tattoo or body piercing stores or places providing psychic services. I understand I must not buy liquor, wine, beer, tobacco products or lottery tickets.
- ☐ I understand that I must participate in the JOBS Program. I understand that if I and/or any member of my family have a physical or mental condition (disability) that stops me or the other family member from doing what is asked, I may let the case manager know. The case manager will work with me and/or other family members to find a way to do what is asked or change what is to be done.
- ☐ I am unable to participate in any JOBS activity or to be employed at the present time for the following reason: \_\_\_\_\_. This reason is expected to last until \_\_\_\_\_.
- ☐ I understand that as a teen parent I must live at home with my parent, a legal guardian or in an adult-supervised setting and I must attend high school or other approved educational program in order to receive Financial Assistance (FA) for myself and my children. I must maintain satisfactory grades, have no unexcused absences, and obey all school rules.
- ☐ I understand that I am not required to participate in the JOBS Program.
- ☐ I understand that teen parents must live at home with a parent, a legal guardian or in an adult-supervised setting and I agree to accept/continue responsibility for all teen parents living in my home.
- ☐ As head of my family, I understand that I am responsible for making sure that the following members of my family participate in the assigned activities:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ If my spouse and I are receiving childcare, I understand that both of us must participate as explained by our case manager.

I understand that I and/or other family members must be participating satisfactorily and meet other requirements to be eligible for the supportive services. I will repay any supportive services I and/or other members of my family receive in error. I understand that I will be prosecuted for fraud if I and/or other members of my family knowingly receive supportive services to which I am or they are not entitled.

My Individual JOBS Participation Plan is designed specifically for my situation. I will not make changes to my plan without the approval of my case manager. I agree to provide verification of participation/work activities as requested. I agree to contact my case manager or PA worker if I or anyone in my FA unit: (1) want to change part of my or other family member's plan; (2) complete or stop attending any activity; (3) obtain, lose or change a job or work hours change; (4) stop using child care paid for by the state; or (5) \_\_\_\_\_

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I will make sure that my children under age 18 are enrolled in and attending school and I will encourage them to make satisfactory grades.

I understand that I am required to find and keep a paying job as soon as possible. If I am unable to find a paying job, I understand that I may be required to participate in unpaid work activities. If I refuse to accept a job or if I voluntarily quit a job or work activity without good cause, I will lose all or part of my family's FA benefits.

I have read or had read to me the requirements of my Family Responsibility Plan.

\_\_\_\_\_  
FA Grantee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Spouse of FA Grantee \_\_\_\_\_ Date \_\_\_\_\_

This plan was discussed with \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Case Manager \_\_\_\_\_ Date \_\_\_\_\_

Update 1                      CLT/CM Initials                      Update 2                      CLT/CM Initials  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### **RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby give my consent for the Department of Human Resources to release information about myself and/or other family members to and/or obtain information from agencies providing services to me and/or other family members as a participant in the JOBS Program. I understand all information released is confidential and the use of such information will be limited to the purposes for which it is furnished and the laws under which it may be furnished. These agencies include, but are not limited to, the following: the Alabama Employment Service, Department of Rehabilitation Services (DRS), Department of Economic and Community Affairs (ADECA), Department of Labor (DOL), local school or community college officials, and various Welfare Initiative Act (WIA) programs.

\_\_\_\_\_  
FA Grantee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Case Manager \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ County Department of Human Resources

## Acuerdo de responsabilidad familiar

Número de Seguro Social (SSN)- □□□□□□□□ Nombre \_\_\_\_\_

Entiendo que el Departamento de Recursos Humanos puede proporcionar asistencia económica (FA, por sus siglas en inglés) temporaria a mi familia si reúno los requisitos. Para recibir esta asistencia:

(Marcar todo lo que corresponda)

- ☐ Entiendo que utilizar mi tarjeta de EBT para retirar efectivo o realizar una compra en licorerías, establecimientos de apuestas y clubes de desnudistas está prohibido y podría generar la pérdida de beneficios.
- ☐ Entiendo que debo participar en el Programa JOBS. Entiendo que si yo y/o cualquier miembro de mi familia tenemos una condición física o mental (incapacidad) que me impida a mí o a otro familiar hacer lo que se nos pide, se lo informaré al administrador del caso. El administrador del caso trabajará conmigo y/u otros familiares para encontrar la manera de hacer lo que se pide o cambiar lo que debe hacerse.
- ☐ No puedo participar en ninguna actividad de JOBS ni ser contratado en la actualidad por la razón siguiente: \_\_\_\_\_. Se supone que esta razón continuará hasta \_\_\_\_\_.
- ☐ Entiendo que como progenitor adolescente debo vivir en casa con mi padre o madre, tutor legal o en un entorno supervisado por adultos, y debo asistir a la escuela secundaria u otro programa educativo aprobado para poder recibir la asistencia económica (FA) para mí y mis hijos. Debo mantener calificaciones satisfactorias, no tener inasistencias injustificadas y obedecer todas las normas escolares.
- ☐ Entiendo que no tengo que participar en el Programa JOBS.
- ☐ Entiendo que los padres adolescentes deben vivir en casa con un progenitor, un tutor legal o en un entorno supervisado por adultos, y estoy de acuerdo con aceptar o continuar la responsabilidad por todos los padres adolescentes que viven en mi casa.
- ☐ Como jefe de familia, entiendo que soy responsable de asegurar que los familiares siguientes participen en las actividades asignadas:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Si mi cónyuge y yo estamos recibiendo servicios de asistencia infantil, entiendo que ambos debemos participar según nos explique nuestro administrador de caso.

Entiendo que yo y/u otros miembros de la familia debemos participar de modo satisfactorio y cumplir con otros requisitos para tener derecho a recibir los servicios de asistencia. Devolveré cualquier servicio de asistencia que yo y/u otros miembros de mi familia recibamos por error. Entiendo que será procesado por fraude si yo y/u otros miembros de mi familia recibimos a sabiendas servicios de asistencia a los que no tenemos derechos.

Mi plan individual de participación en JOBS está diseñado específicamente para mi situación. No modificaré mi plan sin la aprobación de mi administrador de caso. Acepto presentar el comprobante de participación/actividades de trabajo que me soliciten. Acepto comunicarme con mi administrador de caso o *asistente de PA* si yo o cualquier integrante de mi unidad FA: (1) queremos modificar parte de mi plan o del plan de otro familiar; (2) finalizamos o dejamos de asistir a alguna actividad; (3) obtenemos, perdemos o cambiamos de trabajo o cambiamos el horario de trabajo; (4) dejamos de utilizar la guardería \_\_\_\_\_ pagada \_\_\_\_\_ por \_\_\_\_\_ el \_\_\_\_\_ estado; \_\_\_\_\_ o \_\_\_\_\_ (5)

Me aseguraré de que mis hijos menores de 18 años se inscriban y asistan a la escuela y los estimularé a obtener calificaciones satisfactorias.

Entiendo que debo encontrar y mantener un trabajo pago tan pronto como sea posible. Si no puedo encontrar un trabajo pago, entiendo que me pueden pedir que participe en actividades de trabajo no pagas. Si me niego a aceptar un trabajo o si voluntariamente abandono un empleo o actividad laboral sin justificación, perderé todo o parte de los beneficios de FA para mi familia.

He leído o me han leído los requisitos de mi Plan de Responsabilidad Familiar.

Beneficiario de FA \_\_\_\_\_ Fecha \_\_\_\_\_

Cónyuge del beneficiario de FA \_\_\_\_\_ Fecha \_\_\_\_\_

Este plan fue conversado con \_\_\_\_\_ el \_\_\_\_\_

Administrador del caso \_\_\_\_\_ Fecha \_\_\_\_\_

Actualización 1      Iniciales de CLT/AC      Actualización 2      Iniciales de CLT/AC  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### **DIVULGACIÓN DE LA INFORMACIÓN**

Yo, \_\_\_\_\_, por el presente doy mi consentimiento para que el Departamento de Recursos Humanos divulgue información sobre mi persona y/u otros familiares y/u obtenga información de agencias que me prestan servicios a mí y/o a otros familiares como participantes en el Programa JOBS. Entiendo que toda la información divulgada es confidencial y que su uso se limitará a los fines para los cuales se la proporciona y conforme a las leyes que la amparan. Entre estas agencias, se incluye a título enunciativo y no limitativo los siguiente organismos: el Servicio del Empleo de Alabama, el Departamento de Servicios de Rehabilitación (DRS), el Departamento de Asuntos Económicos y Comunitarios (ADECA), el Departamento de Trabajo (DOL), los directivos de escuelas o instituciones educativas públicas y varios programas de bienestar social (WIA) .

Beneficiario de FA \_\_\_\_\_ Fecha \_\_\_\_\_

Administrador del caso \_\_\_\_\_ Fecha \_\_\_\_\_

Departamento de Recursos Humanos del Condado \_\_\_\_\_

**Alabama Department of Human Resources  
JOBS Program**

GED Test Payment Request Authorization

The following JOBS participant, \_\_\_\_\_,

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, is recommended for GED testing on

\_\_\_\_\_ at \_\_\_\_\_.

(date)

(location)

\*\*\*\*\*

**BASIS FOR RECOMMENDATION**

(Practice TABE must be = to or above the equivalent of a 8.5 grade level and the GED must be 450 or higher in order to get approval to pay for the testing) The most recent standardized test score is:

\_\_\_\_\_ TABE Score                      \_\_\_\_\_ GED Practice Test Score

\_\_\_\_\_ Date                                      \_\_\_\_\_ Date

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

This request is for (check one): \_\_\_\_\_ full \_\_\_\_\_ partial test(s).

If partial, indicate parts: 1 \_\_\_\_\_ 4 \_\_\_\_\_

(i.e., Language Arts,

Science, Math, etc.)

2 \_\_\_\_\_

5 \_\_\_\_\_

3 \_\_\_\_\_

**COST:**

Full: \$ \_\_\_\_\_

Partial: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature, AE Instructor

DHR-WR-1901, revised 8/2005

\_\_\_\_\_  
Date

## IJP NOTICE INSTRUCTIONS

**Purpose:** This letter will serve as a cover letter when a documentation sheet for an Individual JOBS Participation Plan (IJP) must be sent to the client through the mail. This letter is to be sent only after the case manager has assessed the family circumstances and discussed the development and documentation of an Individual JOBS Participation Plan with the client.

**There are two copies of the letter contained in the file. This is important because once a case manager uses one of the versions s/he will print both letters if they use the print symbol on the toolbar, and that should not be done. Those workers who want to print it off and hand write the information in the blanks will use the first version on the first page of the file. The second page and second copy of the letter contains the Text Forms Fields for those workers who want to type in the information in the blanks and then print the letter.**

The county letterhead will be entered at the top of the letter. There are two ways to do this:

1. When the document is initially accessed from the shared drive, type the letterhead information on the document, then save the document under a different name. It is recommended that each case manager save the document to his/her "H" (personal) drive to avoid a problem of two or more users trying to access the letter from the shared drive at the same time.
2. Access the document each time from the shared drive. Leave the space for the letterhead blank. In other words, type in all the necessary information as stated below, but do not type in the letterhead information. Then print the letter on your county letterhead paper.

To avoid problems that may occur by accessing the file each time from the shared drive, county staff may want to open the file from the shared drive and then save it to the "H" drive to be accessed each time thereafter from that drive. The original will stay in the shared drive and can be accessed if needed.

The following instructions are to be used by the case managers who are using the second letter with the text form fields. However, the case managers using the manual letter need to read the instructions below because they contain important information about what is to be written into the blank fields.

To proceed from the letterhead to the rest of the letter, use the mouse and click on the first highlighted field next to "Date". From this point, use the **tab** key to move from field to field or the mouse to click on the appropriate field.

**Case SSN:** Enter the FA grantee's social security number.

**Member SSN:** Enter the social security number of the member to whom the IJP documentation sheet is sent.

**Date:** Enter the date the letter and documentation sheet is sent.

**Addressee:** Enter the JOBS client's name and address.

**Salutation/Greeting:** Enter the courtesy title and the JOBS client's surname.

**Body:** In the first field of the body of the letter, enter the date and means through which the discussion was held. For example, if the discussion was done over the phone on March 1, 2004, in the blank space enter the following: March 1, 2004 over the telephone.

There are only two sets of circumstances under which the letter and documentation sheet will be sent. These two sets of circumstances are described in the two paragraphs in the body of the letter. Choose the appropriate set of circumstances (paragraph) by clicking the mouse on the check box before the paragraph. To remove a mark, click on the box again. Click one box only.

**Paragraph One:** Click on the check box for this paragraph if the client has agreed to write the plan after receiving instructions from the case manager. In the blank space of the fifth sentence, enter the date by which the client should return the completed IJP. In the first field of the sixth sentence enter, the telephone number at which the case manager may be reached, then enter the dates and timeframe during which the case manager may be reached at that number.

**Paragraph Two:** Click on the check box for this paragraph if the client has agreed to the case manager writing the plan, the case manager has done so, and is sending the plan to the client for review and signature. In the last sentence of the paragraph, enter the date by which the client should return the completed IJP.

**Closing/Signature:** The case manager should type in his/her name in the field provided, print the letter, and also sign the letter in the space above the typed name.

**Distribution:** Complete in duplicate. Mail the copy containing the case manager's original signature to the client (with the IJP documentation sheet attached) and file the copy in the case record. When the IJP is returned from the client, attach it to the front of the copy of the letter and file as indicated in section 350-A.



## Individual JOBS Participation Plan Notice

Date:

Case SSN:

Member SSN:

Dear \_\_\_\_\_,

This letter is about your Individual JOBS Participation Plan (IJP) that was discussed with you on \_\_\_\_\_.

☐ Our records show that you and a JOBS Program case manager have talked and the two of you have agreed on a plan – your Individual JOBS Participation Plan. Please write what you discussed with your case manager on the attached page. Be sure you write what you will do, when you will do it, how long it will take to do it, who will help and how they will help. If you need more room to write, you may add more pages. When you finish writing your plan, you must sign and date the plan. Return the Individual JOBS Participation Plan in the self-addressed stamped envelope by \_\_\_\_\_. Contact your case manager at \_\_\_\_\_ on \_\_\_\_\_ if you have questions or need help in writing your plan.

**OR**

☐ Our records show that you and a JOBS Program case manager have talked and the two of you have agreed on a plan. Your JOBS Program case manager has written your plan on the attached sheet of paper. If you agree with what is written, please sign your name in the space marked. Return the Individual JOBS Participation Plan in the self-addressed stamped envelope by \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

JOBS Program Case Manager

## INDIVIDUAL JOBS PARTICIPATION PLAN

**Instructions:** In the space below, write **what** you will do, **when** you will do it, **how long** it will take to do it, **who will help** and **how they will help**. If you need more room to write, you may add more pages. What is written below will be called your Individual JOBS Participation Plan (IJP). Both you and your case manager must sign and date the plan. Contact your case manager if you have questions or need help in writing your plan.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Client Signature/Date:

Case Manager Signature/Date:

\_\_\_\_\_

\_\_\_\_\_

## INDIVIDUAL JOBS PARTICIPATION PLAN

**Instructions:** In the space below, write **what** you will do, **when** you will do it, **how long** it will take to do it, **who will help** and **how they will help**. If you need more room to write, you may add more pages. What is written below will be called your Individual JOBS Participation Plan (IJP). Both you and your case manager must sign and date the plan. Contact your case manager if you have questions or need help in writing your plan.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Client Signature/Date:

Case Manager Signature/Date:

\_\_\_\_\_

\_\_\_\_\_

**Instructions:** In the space below, write **what** you will do, **when** you will do it, **how long** it will take to do it, **who will help** and **how they will help**. If you need more room to write, you may add more pages. What is written below will be called your Individual JOBS Participation Plan (IJP). Both you and your case manager must sign and date the plan. Contact your case manager if you have questions or need help in writing your plan.

[illegible]

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## **Instructions for Alabama JobLink (AJL) Usage**

Individuals who are referred to JOBS are now automatically referred/entered into the Alabama JobLink (AJL) system at award of TANF benefits. If the client already has a registration in AJL, the system is updated with the current information from FACETS. If there is no current registration for the client in AJL, a user name and password is created. The client can then use the registration to look for a job, create a resume, and access other services provided by the Career Centers.

During JOBS assessments it is important for a JOBS case manager to ensure the client has their AJL username and *security question* AND that the mailing address, phone number, and email address for the client is correct in AJL. These items are created/updated when the client is registered at TANF award but may also be updated by the case manager at the JOBS assessment.

### **Accessing the Client User Information**

The case manager should follow the steps below to access the client's user *information*. It should be suggested to the client that they can change their password and may change their username when they access AJL for the first *time*.\*.

1. The case manager will open and sign-in to AJL (JobLink).
2. On the menu to the left, click on "Client" (do not select "Client Search" here).
3. Click on "User Lookup".
4. Search for the client's information by entering the client's social security number. A search can also be conducted by entering "Last Name", "First Name", or "Date of Birth". After entering information, click on "Search".
5. A "Results" page will open with results of the search and will include the "Username".
6. Clicking on the client's "Username" will take the case manager to the "Details" page where the "Username", "Question", and "Hint" can be viewed. **IMPORTANT:** *Print the page* and give the information to the client. They may need the "Question" and "Hint" if they forget their "Username" and/or "Password". For security reasons do not copy down the information and file it in the JOBS case record.
7. Instruct the client that they may login to AJL and change their "Username", "Password", "Question", and/or "Hint" at their own convenience.

*\*Please offer to assist the client is accessing AJL if needed.*

### **Verifying Contact Information on the Client:**

1. When in AJL, click on "Client Search" in the menu to the left.

2. In the space labeled “SSN”, enter the client’s social security number. Scroll down to the bottom of the page and press “Search”, or just press “Enter” on the keyboard.
3. The client’s name should display. Access the “Case Details” by clicking on the client’s name.
4. “Case Details” will be displayed. Look at the top of the page under the section entitled “Contact Information”.
5. Ask the client if the mailing address, phone number, and email address in this space are valid and current. If all three are, there is no need to go further.
6. If any information needs to be updated, or if there is no email address listed, click on “Contact Information”, which will display the page where it may be updated.
7. Scroll down the page and update or enter any missing or incorrect information. The email address must be entered twice. When finished, scroll all the way down and click on the “Save” button to save the information.
8. Clicking on the “back” button at the top left of the screen will display the previous page.
9. In the situation where a JOBS client cannot be located in AJL because the automatic process was not completed, assistance may be given to the client to create a registration in AJL. This will not create a TANF JOBS Co-registration but the client may still connect with resources through the Career Center.

## **Instructions for Uploading the TANF Career Center Referral in Alabama JobLink (AJL)**

### **Completing the Form**

The TANF Career Center Referral Form can be conveniently completed and saved to a computer, however in order to upload to Alabama JobLink (AJL), the file must be saved as a .pdf file. Follow the steps below to accomplish this:

1. Open the TANF Career Center Referral form and enter the information of the client to be referred.
2. Save the form to the computer as a .pdf file by clicking on “File”, then click on “Save As”. Select the drive and folder to which the form is to be saved, and in the box labeled “File Name” type in the name of the file. Underneath “File Name” is a box labeled “Save as Type”. Select the arrow to the right of the box in order to access the pull-down menu. Scroll down the list and select “PDF” (\*.pdf). Then click on “Save”.

### **Uploading the Form**

The client must be registered in AJL before a referral can be uploaded.

1. Sign into AJL (JobLink).
2. On the menu to the left, click on “Client Search”.
3. In the space labeled “SSN”, enter the client’s social security number. Scroll down to the bottom of the page and press “Search”.
4. The client’s name should display. Access the client’s record by clicking on the name of the client.
5. “Case Details” will be displayed. Scroll down the page to find “Uploaded Documentation”. Click on “Add New Document”, which should be underneath “Uploaded Documentation”.
6. In the pull-down menu next to “Documentation Item”, click on the arrow to the right of the field and select “TANF JOBS Assessment”.
7. Under the heading “Select Documentation Item Type”, select “Universal”. Then click on “Continue”.
8. Check the box next to “Supporting” to select the “Type of Document”. Then click on “Continue”.
9. Check the box next to “Temporary Assistance to Needy Families TANF” then click on “Continue”.
10. In the box next to “Document Item”, enter “TANF CC Ref”. (The field named “File Description” is optional.) Click on the button labeled “Browse”. This will bring up the computer’s directory. Use the directory to locate the referral that has been completed and saved as a .pdf document. Click on it to highlight, and then click on “Open” at the bottom of the pop-up box. This process will cause the file to be uploaded into AJL.
11. Complete the process by clicking on “Finish” on the AJL “Documentation Item” page.

### **After the Client is Referred to the Career Center**

The PSWJZ233 TANF Services Detail – ADOL report will be placed in ERD monthly around the 2<sup>nd</sup> of the month. Case managers should review the report to determine if a JOBS client in their caseload has received services by the Career Center. If the case manager discovers a client has received services, the case manager has the ability to access details and notes in AJL to gather information on the services. Follow the steps below to find information:

1. Follow steps 1–4 under “Uploading the Form” above.
2. Case details will be displayed. Underneath “Universal Information” there will be a list of topics. Browse each topic on the left and view entries next to these on the right to determine if any of the topics have further information to view. For example, do not click on “Staff Entered Self-Services” if next to it appears the words “There are no self-services entered”. However, if in the right column it indicates there may be some information entered for a topic, click on the topic to be taken to that page where more information can be obtained. For example, if next to “Current Enrollments” it is indicated that “client currently has 2 open enrollments in 2 programs”, clicking on the link will allow access to more information

such as services, programs, and dates of enrollment. Even more information can be viewed by clicking on the name of the enrollment, service, or program.

3. Click on “Co-Registrations” from the “Case Details” page. The co-registration page will display a list of agencies for which the client may have a registration that connects them with the Career Center. It is on this page that the co-registration the TANF program has with the Career Center can be viewed. The dates begin with the date the client was first referred automatically upon TANF award and continues for one year.
4. There are several places in AJL that may contain case notes that will be helpful to JOBS case managers.
  - a. From the “Case Details” page, click on “Client Notes” if it is indicated that notes have been entered. After accessing the “Client Notes” page, clicking on the “Print All Notes” button at the bottom will allow all notes to be printed. Clicking on “Print Note” next to an entry will only allow that one note to be printed. Clicking on either will take the case manager to a printable page. To print, right-click the mouse anywhere on the page and select print. After printing, select the back arrow at the top left of the page to return to the previous page.
  - b. From the “Case Details” page, scroll down to “Program Registrations”. There are six different programs in which a client may be enrolled. Unemployment Compensation information cannot be accessed by JOBS staff. Under the other five programs, there are several different services offered.
    - 1) There may be dates before the name of the local career center, OR “Open – (county name) Career Center office”, and clicking on either link will take the case manager to Details and Enrollments for that program. There may be a number of notes entered next to “Program Notes”. In order to view and print the notes, click on “Program Notes”. A list of notes with dates and “Type of Contact” will display. The notes can be viewed and printed by clicking on “Print Note” next to the contact.
    - 2) “S & T Plan” may display. Clicking on this link will take the case manager to the “Job Service, Service & Training” page where the services provided to a client and the dates services were started and completed can be viewed. Details for existing services can be accessed by clicking on the links.
  - c. Another, shorter way to access case notes for all enrolled programs mentioned in “b” above is by clicking on “Printable Version” from the “Case Details” page. This will display a page where information can be selected and printed for all programs in which the client is enrolled. The programs are displayed with the dates of enrollment. Place a check mark in the box next to “Client Notes”, “Enrollment Notes” or “Program Notes” for each set of notes to be printed. Then scroll to the bottom of the page and click on “Print Preview”. This displays a printable version of the notes. To print, right-click on the page and select “print”. To exit the page and return to the “printable version” page, click on the back arrow at the top left of the page.



Concerns and questions about Alabama JobLink (AJL) or the use of it for JOBS Program purposes should be addressed to the JOBS Policy Automation HelpDesk per usual policy.

## JR/JS Tracking Forms/Worksheets (Instructions)

### Overview

*This file contains instructions for completing the five Excel spreadsheets/forms used to calculate and track countable job readiness and/or job search (JOBR/JOBS or JR/JS) participation hours. Each form in this Excel booklet must be saved as an electronic document and completed according to these instructions. Entries should be made only in the yellow shaded cells on each spreadsheet. Each completed spreadsheet must then be printed and placed in the client's paper file.*

*When any one of the JR/JS Tracking Spreadsheets is opened in Excel, you will see that there are several tabs at the bottom. The **first tab** is the **Job Readiness/Job Search Tracking I** spreadsheet/form. This form should be used to document and track the *weeks* of countable JOBR/JOBS participation in the first 12-month period. It is not necessary to complete the **Tracking I** form for the first 12 months if it has already been started or completed. However, if there is a client who has not yet participated in a JOBR/JOBS component since October 2008, this form should be used to track the first 12-month period.*

*The **second and the fourth tabs** are TCMHWs (Total Countable Monthly Hours Worksheets). Since the **Tracking I** and **Tracking II** forms do not show the total hours for each month, the purpose of these forms is to document the calculation of *each month's total countable attended and holiday hours* for the report months shown on the corresponding Tracking I or II form. The total monthly hours from this form must then be entered in the **Total Countable Monthly Hrs** cell (green box under Total JOBR/JOBS) on the **Unpaid Hours Computation Worksheet (UHCW)**.*

*The **third tab** is the **Job Readiness/Job Search Tracking II** form. This form should be used to document and track the *countable weeks* of JOBR/JOBS participation for report months in each rolling 12-month period.*

*The **fifth tab** is the **Job Readiness/Job Search 11-Month Calculation Worksheet**. Use this form **before** assigning the client to JOBR/JOBS to *determine and document the number of hours that may be anticipated as countable in each report month of each rolling 12-month period*.*

**NOTE:** Refer to Section 515 of the *JOBS Program Policy Manual* for policy guidance regarding assigning and monitoring job readiness and job search participation.

## JR/JS Tracking Forms/Worksheets (Instructions)

### JR/JS Tracking I

**Purpose:** This form is to be used to track the number of job readiness and/or job search (JOBR/JOBS) hours to ensure that the four consecutive weeks and the 120 or 180 hours (as appropriate) limits are not exceeded in the first 12-month period. It should be completed within three workdays after each week of client participation has been verified and documented.

**Case Name and Case #:** Enter the client's name and JOBS case number.

**First 12-Month Period:** Enter the month, day, and year of the beginning and ending of the first 12-month period (Example: 12/04/08 *through* 11/30/08). This period begins with the first day after September 30, 2008 that the client attended job readiness classes, or otherwise engaged in countable job readiness or job search (JOBR/JOBS) activities as described in Section 515 of the *JOBS Program Policy Manual*, and ends the last day of the twelfth consecutive month.

**Week (Mo, Dy, Yr):** Enter the beginning and ending *dates* (month, day and year as 12/4/08 *through* 12/10/08) of each week the client was engaged in JOBR/JOBS. A week is seven consecutive days.

**CONSEC Week?:** This *cell* requires a "Y" (yes) or "N" (no) response and is to be used to indicate whether the weeks are consecutive. For the first week in each consecutive weeks period, since there will be no preceding *consecutive* week, *enter an "N" (no)*. *For the second and subsequent weeks*, compare the dates in the *current week's entry* to the *dates in the preceding week's entry*. *If the current week is consecutive to the preceding week, enter a "Y" in this cell. If not, enter an "N". Therefore, each consecutive week period will begin with an "N" followed by a "Y."*

**Important Reminder:** If five consecutive weeks are indicated (*i.e., an "N" followed by four "Y" entries*), none of the hours for the fifth week of the consecutive period may be counted and must not be entered on this form or ZD32, even if the appropriate 120 or 180 hours limit has not been reached. *However, all fifth consecutive weeks should be documented on this form. Therefore, for each fifth consecutive week, enter only the beginning and end dates of the week and a Consec Week code of "Y". Do not make entries in any other cells for that week.*

**Mo 1 Hours and Mo 2 Hours:** In some instances, a week may contain days in two different months which would impact the 12-month period. If all of the days in the week are in the same month, enter the total number of attended and holiday hours of participation for the week in the **Mo 1 Hours** field and a zero (or leave blank) in **Mo 2 Hours** field. If the days in the week are in two different months, enter the total number of attended and holiday hours for the days in the first month in the **Mo 1 Hours** field and the hours for the days in the second month in the **Mo 2 Hours** field. *Please note that*

## **JR/JS Tracking Forms/Worksheets**

### **(Instructions)**

only the hours attended and the holiday hours are to be *entered*. **Do not enter excused absence hours or hours for a fifth consecutive week.**

**Tot Part Hours:** *No entry required. This cell is automatically calculated and entered.*

**Chg in Hrs:** This cell will only be completed if the client is a single parent and there is a change in the 12-month maximum limit from 120 to 180 hours or vice versa. If the hours are changing from 120 to 180, enter **60** in this field. If the hours are changing from 180 to 120, enter **-60** in this field. The change in hours is triggered by the age of the youngest child *or the FA unit changing from a single-parent unit to a two-parent unit or vice versa*. See section 515-C2 of the *JOBS Program Policy Manual* for the policy to be applied for changes in the maximum hours.

**12 Mo Max Hrs:** For the first week after September 30, 2008, enter the appropriate 120 or 180 limit in the cell at the top of the column. *Entries* for subsequent weeks will be automatically calculated and entered in this cell.

**Countable Hours:** *No entry required. This cell is automatically calculated and entered.*

**12 Mo Balance:** *No entry required. This cell is automatically calculated and entered.*

**Exc Abs Hrs:** Entry should be made only in the row that corresponds with the last week in the report month. Enter the minimum number of excused absence hours that is necessary for the *JOBR/JOBS* hours to be countable.

**NOTE:** Make an entry in this cell only if the client has excused absence hours available and that are necessary for the JOBR/JOBS hours to be countable. There must be a completed **Excused Absence Tracking I or II** form and UHCW documenting the fact that the client has enough excused absence hours remaining in the 12-month balance to be countable for the report month.

**Adj 12 Mo Bal:** *No entry required. This cell is automatically calculated and entered.*

**Wkr Initls:** The worker completing this form must enter *his/her* initials in this cell.

## **JR/JS Tracking Forms/Worksheets**

### **(Instructions)**

#### **Calculating the Total Countable Hours for Each Month** **(TCMHW - First 12-Months Period)**

**Purpose:** *This form is used to calculate and document the total number of countable JOBR/JOBS attended and holiday hours to be entered in the **Total Countable Monthly Hours** cell on the corresponding UHCW for each report month in the first 12-month period. Do not include countable excused absence hours. There are 12 blocks in which the weeks and hours are to be entered separately for each of the 12 months.*

**Case Name and Case #:** *Enter the client's name and JOBS case number.*

**Month/Year:** *Enter the report month and year.*

**Week 1 – 5:** For each week of participation, enter the beginning (**Begin Dt**) and ending (**End Dt**) dates and the **Countable Hours (Count Hrs)** from the JOBR/JOBS Tracking I form in the corresponding fields.

The CM must note any week that contains days in two months, and include only those attended and holiday hours for days in the report month.

**Total:** *No entry required. The hours entered for each week in the month are totaled and entered automatically. This total should be entered in the Total Countable Monthly Hours cell (green box under Total JOBR/JOBS) on the UHCW.*

**Wrkr Intls:** *Enter the initials of the person completing the form.*

## JR/JS Tracking Forms/Worksheets (Instructions)

### 11 Month Calculation *Worksheet* (11 Mths Calc)

Complete this worksheet before completing the JOBR/JOBS Tracking II form for each report month.

**Purpose:** Use this worksheet to calculate the total number of countable hours in the 11-month period preceding the report month and the maximum number of hours that may be counted in each report month. To determine the 11 months to be entered, start with the month prior to the report month and count backward to the eleventh month. For example, if the report month is November 2009, the previous 11-month period includes the months of October 2009 through December 2008. *The order in which the months are listed does not matter.*

**Case Name and Case #:** *Enter the client's name and JOBS case number.*

**Report Month/Yr:** Enter the month *and* year for which the hours are to be countable.

**Previous 11 months:** Enter the month and year (MM/YYYY) of each month in the 11-month period immediately prior to the report month. **Automated Shortcut:** In cells 1 and 2, enter the month and year (MM/YYYY) of the 1<sup>st</sup> 2 months immediately prior to the report month. Place cursor (thick cross) on cell 1; left click, hold, and drag cursor to cell 2 to highlight both cells; then release. Place cursor directly on top of the bottom right-hand corner of cell 2 until it turns into a thin cross; left click, hold, and drag cursor straight down to the right-hand corner of cell 11; then release. This will automatically populate cells 3 through 11 with the correct months and years.

**# of Hours:** *Enter the total number of JR/JS hours that was counted for each of the previous 11 report months. Use the number shown for each month in the **Hours of JOBR/JOBS** cell on the Client Participation Summary; or the **Total Actual Monthly Hrs** cell on the UHCW for each month; or using FACETS screen ZD32 or ZD33 (Report Month Update or Inquiry Screen) for the JOBR/JOBS component, add the amounts in the Attended, Excused, and Holiday Hours cells and enter the total for each corresponding month.*

**Totals:** No entry *required*. The total hours for the 11 months will be automatically calculated and entered.

**Maximum Hours:** Enter the maximum number of hours that may be counted for the 12-month period, 180 or 120.

**Total 11 Mths Hrs:** No entry required. Hours will be automatically entered from the **Total** cell.

**Report Month Limit:** No entry required. Excel will calculate by subtracting the **Total 11 Mths Hrs** from the **Maximum Hours** and enter the result in this cell. These hours

**JR/JS Tracking Forms/Worksheets**  
**(Instructions)**

must be entered on the **JOBR/JOBS Tracking II Form** in the **Rpt Mo Limit cell** for each month of participation.

***Worker Initials:** The worker completing the form must enter his/her initials in this cell.*

## JR/JS Tracking Forms/Worksheets (Instructions)

### JR/JS Tracking II (Rolling 12-Month Periods)

**The 11-Month Calculation Worksheet (11-Mths Calc) must be completed before completing this form.**

**Purpose:** *This form is to be used to track the number of job readiness and/or job search (JOBR/JOBS) hours for each rolling 12-month period in which the client had countable hours to ensure that the four consecutive weeks and the 120 or 180 hours limits are not exceeded. It should be completed within three workdays after each week of client participation has been verified and documented.*

**Case Name and Case #:** Enter the client's name and JOBS case number.

**13<sup>th</sup> Mth:** Enter the month and year immediately following the last month of the first 12-month period shown on the **Job Readiness/Job Search Tracking I** form. For example, if the first 12-month period is from February 2009 – January 2010, the 13<sup>th</sup> month would be February 2010. *This entry is a reminder that any month prior to this month is not to be entered on this form.*

**Rpt Mth:** *Enter the month and year for which the hours are to be countable.*

**Rpt Mo Limit:** For the first week of each report month, enter the number of hours shown in the corresponding **Report Month Limit** cell on the **11-Month Calculation Worksheet**. For all other weeks in the same report month, enter the hours shown in the **Rpt Mo Balance** for the previous week (row). This cell represents the maximum number of hours that may be counted in the report month, as well as the balance from week to week within each report month.

**Week (Mo, Dy, Yr):** Enter the beginning and ending (month, day and year) of each week the client was engaged in JOBR/JOBS. A week is seven consecutive days. If a week begins in one month and ends in another month, enter only the hours for the days in the report month (**Rpt Mth**).

**CONSEC Week?:** *This cell requires a "Y" (yes) or "N" (no) response and is to be used to indicate whether the weeks are consecutive. For the first week of the first rolling 12-month period, compare the dates for that week to the dates for the last week of the first 12-month period. Enter a "Y" if the weeks are consecutive, or if not, enter an "N." For the second and subsequent weeks, compare the dates in the current week's entry to the dates in the preceding week's entry. If the current week is consecutive to the preceding week, enter a "Y" in this cell. If not, enter an "N". Therefore, each new consecutive week period will begin with an "N" followed by a "Y."*



## JR/JS Tracking Forms/Worksheets (Instructions)

**Important Reminder:** *If five consecutive weeks are indicated (i.e., an “N” followed by four “Y” entries), none of the hours for the fifth week of the consecutive period may be counted and must not be entered on this form or ZD32, even if the appropriate 120 or 180 hours limit has not been reached. However, all fifth consecutive weeks should be documented on this form. Therefore, for each fifth consecutive week, enter only the beginning and end dates of the week and a **Consec Week** code of “Y”. Do not make entries in any other cells for that week.*

**Tot Part Hours:** Enter the total combined attended and holiday hours of participation for the week.

**Countable Hours:** *No entry required. This cell is automatically calculated and entered.*

**Exc Abs Hrs:** *Entry should be made only in the row that corresponds with the last week in the report month. Enter the minimum number of excused absence hours that is necessary for the JOBR/JOBS hours to be countable.*

**NOTE:** *Make an entry in this cell only if the client has excused absence hours available and that are necessary for the JOBR/JOBS hours to be countable. There must be a completed **Excused Absence Tracking I or II** form and UHCW documenting the fact that the client has enough excused absence hours remaining in the 12-month balance to be countable for the report month.*

**Adj Count Hrs:** *No entry required. This cell is automatically calculated and entered.*

**Rpt Mo Balance:** *No entry required. This cell is automatically calculated and entered.*

**Wkr Initls:** The worker completing this form must enter *his/her* initials in this cell.

## **JR/JS Tracking Forms/Worksheets**

### **(Instructions)**

#### **Calculating the Total Countable Hours for Each Month (TCMHW2 - JOBR/JOBS Rolling 12-Month Periods)**

**Purpose:** *This form is used to calculate and document the total number of countable JOBR/JOBS attended and holiday hours to be entered in the **Total Countable Monthly Hours** cell on the corresponding **UHCW** for each report month in each rolling 12-month period. Do not include countable excused absence hours.*

**Case Name and Case #:** *Enter the client name and JOBS case number.*

**Month/Year:** *Enter the report month and year.*

**Week 1 – 5:** *For each week of participation, enter the beginning (**Begin Dt**) and ending (**End Dt**) dates and the **Countable Hours (Count Hrs)** from the **JOBR/JOBS Tracking II** form in the corresponding fields.*

*The CM must note any week that contains days in two months, and include only those attended and holiday hours for days in the report month.*

**Total:** *No entry required. The hours entered for each week in the month are totaled and entered automatically.*

**Wrkr Intls:** *Enter the initials of the person completing the form.*

## **Alabama JobLink (AJL) Access for Alabama JOBS Staff Instruction Sheet**

**Access the following files on iDHR** – The forms are located in Appendix A of the *JOBS Program Policy Manual* on iDHR. Open and complete the forms “JobLink Agreement to Safeguard Information 2017” and “Joblink AJL Staff Access – ADHR.” Follow the instructions detailed below for each form.

**JobLink Agreement to Safeguard Information 2017** – This is an Adobe fillable form. The space for the name should be the name of the user to be added. Job Title should be “JOBS Program Manager,” “JOBS Program Specialist,” “JOBS Supervisor,” “JOBS Case Manager,” or “JOBS Case Aide” as appropriate. “Employee’s Printed Name” is the user and can be typed. The Agency/Organization will be your county office of DHR. Enter the user’s direct phone number at the county office. After those fields are completed, print the form and add the signatures of the employee and the supervisor. The signature of the “Supervisor” at the bottom should be the signature of the direct supervisor of the user listed at the top. ***When this form is completed and signed, send a scanned copy to the DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK.***

**JobLink Staff Access – ADHR** – This is an Adobe fillable form. Have the user who is to be registered in JobLink complete the form. **The User Name will be the user’s first name, middle initial, and last name, all in lower case letters with no spaces.** The address should be the county office address. Enter the user’s Job Title from the Agreement to Safeguard Information. Leave the fields “Office” and “Station Desk” blank as these will be assigned by SDHR staff. When completed, save to the computer and then attach and email along with the Agreement to Safeguard Information to the ***DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK.***

**If preferred, you may print the blank forms, complete by hand, scan, and email to *DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK.***

After the Alabama JobLink HelpDesk receives the faxed Agreement to Safeguard Information and after the users for whom you have requested access are added to Alabama JobLink, the user will receive a series of emails from JobLink. One email will inform the user that a new staff account has been created for them in Alabama JobLink. They will be instructed to click on a link and use the “Forgot Password” feature to set the account password. Please make a note of the password created.

The web address for Alabama JobLink is <https://joblink.alabama.gov/ada/r>. When accessing this website for the first time, login to Alabama JobLink by entering the assigned user name and password and click on “login.” The account information and user name may be edited from “My Profile.” NOTE: A user’s JobLink password expires after 60 days. Once it expires, a user who attempts to sign in will get a message that they must reset their password.

An icon to access Alabama JobLink may be placed on the user’s Desktop by accessing the web page, right-clicking on the mouse, selecting “Create Shortcut” and “yes”.

**Notice about JOBS use of Alabama JobLink** Please access and follow the instructions for using Alabama JobLink found in iDHR, Appendix B, labeled “Instructions for Alabama JobLink (AJL) Usage”.

JobLink was created by the Alabama Department of Labor (formerly the Alabama Department of Industrial Relations) for Alabama job seekers to use to find jobs and access resources and information. A client may not only do a job search, but can create an online resume to be shared with employers. If a JOBS client is directed to the Career Center, s/he may at that time be given access to a computer and instructed on the use of JobLink. JOBS staff in the counties may use JobLink to monitor the client’s registration in JobLink and with the Career Center. JOBS staff may also allow the JOBS client to register for JobLink services online in the DHR office. Please read carefully the first screen on the website and any others that may enhance the use of this website to help JOBS clients. **Note: Keep in mind that a client must have access to a computer in order to use this program. If the client does not have easy access to a computer, you may allow him/her access to one in the county office or direct him/her to the closest Career Center. Clients have their own user name and password in Alabama JobLink. DO NOT allow a client to use your user name and password!**

If you want to look up a client to see what information there may be in JobLink for this client, sign into JobLink and then click on “Client Search” in the menu to the left. You may search by Social Security number or name.

**If you have questions, please *email*:**  
***DHR\_JOBS\_POLICY\_AUTOMATION\_HELPDESK.***

Agreement to Safeguard Information  
Obtained from the Alabama JobLink System  
Pursuant to Alabama Code, 1992,  
§§25-4-116 and 25-4-118 (1992) Between

The Alabama Career Center System and \_\_\_\_\_  
(Agency Name)

I, (Name) \_\_\_\_\_, (Job Title) \_\_\_\_\_, hereby acknowledge that I have been informed of the statutory confidentiality of the information which may be obtained from the Alabama Department of Labor. I have also been put on notice that unauthorized use of this information by myself, or others that I may cause to misuse such data, can subject me to the civil and criminal penalties set out under provisions of Code of Alabama, 1992, §§13A-10-12, 13A-8-100 through 13A-8-103, 25-4-116 and 25-4-118.

1. In recognition of the above statutorily imposed restrictions relating to information provided by the Alabama Department of Labor, and the civil and criminal penalties described for violation of these statutes, I agree to the following regarding access and use of all such information:
- a) To advise all personnel who will have access to the information that the data is confidential, the safeguards required, and the criminal and civil sanctions provided for misuse under Federal and State Statutes, e.g. Code of Alabama, 1992, §25-4-118 (f);
  - b) I understand that client, employer, and employee information in the custody of Alabama JobLink is confidential and may not be accessed, viewed, copied, printed, distributed, disclosed or otherwise manipulated unless it is needed to perform my official duties. If I am unsure whether a file or stored communication is covered, I will contact my supervisor before taking any action.
  - c) I am aware that Alabama JobLink reserves and will exercise the right to review, monitor, audit, intercept, access and disclose Internet, E-mail or other usage without prior notification or consent of the creator, sender or receiver, and may share the findings with other third parties.
  - d) I understand that my passwords are confidential, may not be written down, and are to be used only by me. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor, computer contact person or the security manager, and will change my password.
  - e) I understand that whenever I leave my computer, I must clear the screen and sign off. Failure to do so exposes confidential information to unauthorized users, and I may be held responsible for their actions.
  - f) I agree to limit access to the confidential information to only those employees and officials who need it to perform their official duties.

I have read the Alabama JobLink Agreement to Safeguard Information and agree to abide by it. I also understand any violation of this policy or this agreement may result in disciplinary action, up to and including discharge. Furthermore, I understand I may be subject to civil or criminal penalties if I fraudulently misuse Information of the Alabama's Job Link system.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/ Organization

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Supervisor's Signature

UserName - not case sensitive - Letters and Numbers only, no spaces (**6 to 20 characters**)

First Name

Last Name

Phone

Email Address

Address

Address2

City

ZIP code

Company Name Alabama DHR

Job Title

Job type Case Manager

Role JS casemanager

Office

Station Desk Initials plus 01 e.g. AB01

## JOBS BUDGET WORKSHEET

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

2nd Phone: \_\_\_\_\_

Case Manager: \_\_\_\_\_

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

Budget Period: \_\_\_\_\_ Initial: ☐

Monthly: ☐

From \_\_\_\_\_ To \_\_\_\_\_

Income Source	NET Amount																								
1. <b>Employment</b>	\$ _____																								
2. <b>TANF/Welfare</b>	\$ _____																								
3. <b>Other:</b> (Child Support, SSI, etc.)	\$ _____																								
<b>Total Income</b>	\$ _____																								
<b>EXPENSES</b>																									
Fixed Expense	Amount																								
Rent or Mortgage	\$ _____																								
Child Care Fees	\$ _____																								
Electric/Gas	\$ _____ /																								
Telephone/Cell Phone	\$ _____ /																								
Water Bill	\$ _____																								
Furniture/Appliances	\$ _____ /																								
Car Payment	\$ _____																								
Car Insurance	\$ _____																								
Other: Cable TV, etc. (list)	\$ _____																								
	\$ _____																								
<b>Total Fixed Expenses</b>	<b>\$ _____</b>																								
Variable Expenses	Amount																								
Groceries ( <b>FS Amount=</b> _____ )	\$ _____ (over FS amount)																								
Transportation	\$ _____																								
Medical/Dental	\$ _____ /																								
Medicine	\$ _____																								
Clothing	\$ _____																								
Diapers	\$ _____																								
Household Items	\$ _____																								
School	\$ _____																								
Eating Out	\$ _____																								
Snacks	\$ _____																								
Cigarettes	\$ _____																								
Savings	\$ _____																								
Other: Laundry, etc. (list)	\$ _____																								
	\$ _____																								
<b>Total Variable Expenses</b>	<b>\$ _____</b>																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><b>Total Fixed Expenses:</b></td> <td style="width: 10%;">\$ _____</td> <td style="width: 10%; text-align: center;"><b>PLUS</b></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>Total Variable Expenses:</b></td> <td>\$ _____</td> <td style="text-align: center;"><b>equals:</b></td> <td></td> </tr> <tr> <td><b>Total Expenses:</b></td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td><b>Compare: Total Income:</b></td> <td>\$ _____</td> <td style="text-align: center;"><b>and</b></td> <td></td> </tr> <tr> <td><b>Total Expenses:</b></td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td><b>Amt Unable to Pay:</b></td> <td>\$ _____</td> <td></td> <td></td> </tr> </table>		<b>Total Fixed Expenses:</b>	\$ _____	<b>PLUS</b>		<b>Total Variable Expenses:</b>	\$ _____	<b>equals:</b>		<b>Total Expenses:</b>	\$ _____			<b>Compare: Total Income:</b>	\$ _____	<b>and</b>		<b>Total Expenses:</b>	\$ _____			<b>Amt Unable to Pay:</b>	\$ _____		
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<b>Total Expenses:</b>	\$ _____																								
<b>Amt Unable to Pay:</b>	\$ _____																								

## JOBS CHILDCARE CERTIFICATE INSTRUCTIONS

DHR-FAD-2076 (03/01/17)

**PURPOSE:** The purpose of this form is twofold: (1) to guarantee payment of childcare expenses and (2) to verify/document childcare services provided to JOBS clients. This form is to be given to the client by the JOBS case manager or sent to the provider of childcare services. A stamped self-addressed envelope should be included with the form. The three lines provided after the first paragraph are for the county DHR name and address. The form is then divided into five sections that are to be completed as stated below. Sections One, Two, and the children's identifying information in Section Four should be completed by the case manager prior to requesting approval from the supervisor.

**SECTION ONE:** To be completed by the JOBS case manager. Enter the county's name on the first line. Enter the exact date payment for childcare is authorized to begin and end in the spaces following the Certification Period. Place a check in the appropriate space to indicate the authorization is for part-time care or full-time care. The last three lines of this section are self-explanatory. The supervisor *must indicate approval by signing his/her name in the JOBS Supervisor Signature and Date spaces* after the case manager completes all required spaces, including the JOBS Case Manager, Phone, and Case Manager Signature spaces.

**SECTION TWO:** To be completed by the JOBS case manager. Enter identifying information about the client. Entries are self-explanatory.

**SECTION THREE:** To be completed by the provider of the childcare services. Entries are self-explanatory.

**SECTION FOUR:** To be completed by the JOBS case manager, the childcare provider, and the JOBS client. The JOBS case manager should enter the name and date of birth of each child for whom childcare expenses are authorized and will be paid.

The provider of the childcare must enter the total hours that care was provided each week and the total hours care was provided each month for each child. The provider must also complete the total amount charged for the care for each child and sign and date the form in the *Provider's Signature and Date spaces*. **Note: The Internal Revenue Service requires a W-9, Request for Taxpayer Identification Number and Certification to be on file in the County DHR office.** The W-9 only needs to be submitted to DHR one time.

The client must sign and date the form in the *Caretaker's Signature space*. The *client* should sign the form after the provider has entered the hours and amounts charged as verification of the information.

**SECTION FIVE:** To be completed by JOBS staff as indicated upon return of the form from the provider or client.

### PAYMENT INFORMATION REMINDERS

The return of this certificate completed as stated above to the county DHR office is considered a request for payment of services rendered. Payments for childcare services may be made at different intervals based on the length of time the care is provided and as agreed to by the JOBS case manager and the client. However, the minimum interval for payment is weekly and the maximum interval is monthly. Requests for payments should be processed within 10 workdays of the receipt of the completed JOBS Childcare Certificate. A new certificate will be issued for each payment interval. To receive reimbursement, the completed certificate must be received in the county DHR office within 60 days of the last date the care was provided for the payment interval.



## JOBS CHILDCARE CERTIFICATE

The Department of Human Resources will pay for childcare for the children shown below. **Fill out all of the information.** Sign and date the form. **Return the form to the County DHR Office in the stamped envelope provided.** There are limitations and other restrictions on the amount of childcare expenses that will be paid.

The \_\_\_\_ County Department of Human Resources guarantees payment for childcare expenses for the children listed below for the Certification Period from \_\_\_\_ to \_\_\_\_\_. Payment is authorized for:  
(check one) ☐ Part-time care (25 hours or less per week) ☐ Full-time care (more than 25 hours per week).  
If you have any questions, please call me.

JOBS Case Manager \_\_\_\_ Phone \_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

JOBS Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_ Case # \_\_\_\_

Address \_\_\_\_ City \_\_\_\_

State \_\_\_\_ ZIP \_\_\_\_ PSD File # \_\_\_\_

Provider Name \_\_\_\_\_ Provider Vendor # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Provider County \_\_\_\_\_

Are you related to the client or any of the children? ☐ Yes ☐ No If yes, how are you related? \_\_\_\_\_

*Note: The Internal Revenue Service requires a W-9, Request for Taxpayer Identification Number and Certification, be on file in the County DHR Office before we can pay.*

Child's Name	Child's DOB	List hours for each week				Total Hours	Amount Charged

I verify that the above information is true.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's / Caretaker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For DHR use only:** W-9 on file? Y N N/A Date Received From Client/Provider \_\_\_\_\_

Date Submitted for Payment \_\_\_\_\_ Total Amount Requested \_\_\_\_\_

Case Manager's Initials \_\_\_\_\_

Send New Certificate? Y N If yes, for period from \_\_\_\_\_ to \_\_\_\_\_

DHR-FAD-2076 (03-1-17)

Distribution: JOBS Case Record and County Finance Office

*The Alabama Department of Human Resources is an Affirmative Action / Equal Opportunity Employer.*

## JOBS CHILDCARE CERTIFICATE

The Department of Human Resources will pay for childcare for the children shown below. **Fill out all of the information.** Sign and date the form. **Return the form to the County DHR Office in the stamped envelope provided.** There are limitations and other restrictions on the amount of childcare expenses that will be paid.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The \_\_\_\_\_ County Department of Human Resources guarantees payment for childcare expenses for the children listed below for the Certification Period from \_\_\_\_\_ to \_\_\_\_\_. Payment is authorized for: (check one)  
 \_\_\_ Part-time care (25 hours or less per week) \_\_\_ Full-time care (more than 25 hours per week).  
 If you have any questions, please call me.

JOBS Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

JOBS Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ PSD File # \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider Vendor # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Provider County \_\_\_\_\_

Are you related to the client or any of the children? \_\_\_ Yes \_\_\_ No If yes, how are you related? \_\_\_\_\_

*NOTE: The Internal Revenue Service requires a W-9, Request for Taxpayer Identification Number and Certification, be on file in the county DHR office before we can pay.*

Child's Name	Child's DOB	List hours for each week				Total Hours	Amount Charged

I verify that the above information is true.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Caretaker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For DHR use only:** W-9 on file? Y N N/A Date Received From Client/Provider \_\_\_\_\_  
 Date Submitted for Payment \_\_\_\_\_ Total Amount Requested \_\_\_\_\_  
 Case Manager's Initials \_\_\_\_\_  
 Send New Certificate? Y N If yes, for Period from \_\_\_\_\_ to \_\_\_\_\_  
 DHR-FAD-2076 (3-1-17) Distribution: JOBS Case Record and County Finance Office

*The Alabama Department of Human Resources is an Affirmative Action/Equal Opportunity Employer.*

**JOBS Payment Exception Approval**  
**(Supportive Services Expense Allowance Limits)**

**Case Name:** \_\_\_\_\_ **Case SSN:** \_\_\_\_\_

**Type of Expense:** \_\_\_\_\_

**Expense Limit:** \$ \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_ **Excess Amount:** \$ \_\_\_\_\_

**Summary of Circumstances:** *(Include (1) the period of time the expense(s) was incurred; (2) the activity in which client is, was, or will be engaged; (3) the method used to determine that the client cannot pay the expense through other means; (4) other resources that were explored to assist client with paying the expense; (5) how the client's participation will be affected if the expense is not paid; and any other pertinent information):*

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**Case Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Approved:** \_\_\_\_\_ **Total Amount Approved:** \$ \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Denial Reason:** \_\_\_\_\_

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**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# JOBS SUPERVISORY CASE REVIEW CHECKLIST

County #:\_\_\_\_\_ Caseload #:\_\_\_\_\_ Case Manager:\_\_\_\_\_ Referral Program:\_\_\_\_\_ Participation Status:\_\_\_\_\_

Client Name:\_\_\_\_\_ Last Four of SSN:\_\_\_\_\_ Last Four of Case SSN:\_\_\_\_\_

Alert Mo/Yr: \_\_\_\_\_ Review Mo/Yr: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Review Element	C	Incorrect	NA	Comments
<b>I. General Case Actions/Client Participation</b>		<b>Proc</b>	<b>WR</b>	
a. Assessment/reassessment completed and documented timely				
b. FRP (FRA & IJP) completed correctly and timely; overall adequacy of IJP				
c. Work eligible field completed correctly				
d. Case narrative - clear statements of all actions/dates; information is consistent with FACETS				
e. Correct/timely placement in component(s) and update of FACETS; documentation if not timely				
f. Appropriateness/sufficiency of number of hours assigned in a component activity				
g. Unpaid participation hours verified, calculated, tracked/entered on ZD23 timely and correctly				
h. Case closed correctly and timely on FACETS, documented in record				
<b>II. Employment</b>		<b>Proc</b>	<b>WR</b>	
a. Actual hours verified, calculated and documented timely/correctly, use of Paid Weekly Hours Computation Worksheet				
b. Jump Start pamphlet discussed and given and SEA services discussed/documentated at employment				
c. Disregard period discussed and frequent contact with client during this period documented				
d. If employment is not enough to meet participation requirements, documentation of reason and discussion of additional component				
e. Employment hours correctly/timely re-verified in the 5 <sup>th</sup> month of Projection Period or as needed				
<b>III. Supportive Services</b>		<b>Proc</b>	<b>Pmt</b>	
a. Authorized and/or closed correctly/timely				
b. Reimbursed/paid correctly/timely				
c. Appropriate referral(s) made timely and correctly				
d. Documentation of reason in record if no supportive services authorized and/or paid.				
<b>IV. Noncompliance</b>		<b>Proc</b>	<b>WR</b>	
a. Good cause correctly determined and documented in narrative				
b. Accurate and timely communication with PA by use of ZD21; correct begin and end dates of period				
<b>V. Deferrals</b>		<b>Proc</b>	<b>WR</b>	
a. Record documentation supports deferral				
b. Working with client to overcome barrier or obtain benefits				
<b>Total Number of WR or Pmt Errors</b>				

Last Action Reviewed: \_\_\_\_\_ Time Period Reviewed: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Return by: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Correction Reviewed By/Date: \_\_\_\_\_

## JOBS SUPERVISORY CASE REVIEW CHECKLIST

County #: \_\_\_\_\_ Caseload #: \_\_\_\_\_ Case Mngr: \_\_\_\_\_ Referral Program: \_\_\_\_\_ Participation Status: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_ Last Four of Case SSN: \_\_\_\_\_  
 Alert Mo/Yr: \_\_\_\_\_ Review Mo/Yr: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Review Element	C	Incorrect	NA	Comments
<b>I. General Case Actions/Client Participation</b>		Proc	WR	
a. Assessment/reassessment completed and documented timely				
b. FRP (FRA & IJP) completed correctly and timely; overall adequacy of IJP				
c. Work eligible field completed correctly				
d. Case narrative - clear statements of all actions/dates; information is consistent with FACETS				
e. Correct/timely placement in component(s) and update of FACETS; documentation if not timely				
f. Appropriateness/sufficiency of number of hours assigned in a component activity				
g. Unpaid participation hours verified/calculated/tracked/entered on ZD23 timely and correctly				
h. Case closed correctly and timely on FACETS; documented in record				
<b>II. Employment</b>		Proc	WR	
a. Actual hours verified, calculated and documented timely/correctly, use of Paid Weekly Hours Computation Worksheet				
b. Jump Start pamphlet discussed and given and SEA Services discussed/documented at employment				
c. Disregard period discussed and frequent contact with client during this period documented				
d. If employment is not enough to meet participation requirements, documentation of reason and discussion of additional component				
e. Employment hours correctly/timely re-verified in the 5th month of Projection Period or as needed.				
<b>III. Supportive Services</b>		Proc	Pmt	
a. Authorized and/or closed correctly/timely				
b. Reimbursed/paid correctly/timely				
c. Appropriate referral(s) made timely and correctly				
d. Documentation of reason in record if no supportive services authorized and/or paid.				
<b>IV. Noncompliance</b>		Proc	WR	
a. Good cause correctly determined and documented in narrative				
b. Accurate and timely communication with PA by use of ZD21; correct begin and end dates of period				
<b>V. Deferrals</b>		Proc	WR	
a. Record documentation supports deferral				
b. Working with client to overcome barrier or obtain benefits				
<b>Total Number of WR or Pmt Errors</b>				

Last Action Reviewed \_\_\_\_\_ Time Period Reviewed: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Return By: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Correction Reviewed By/Date: \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

– Page 1

Complete an original and one suspense copy. Enter County Number, Caseload Number, Case Manager's name, and the client's Referral Program and Participation Status codes. Enter Client's Name and *last four of the SSN*. Enter *last four of the* Case SSN or DHR file number (if different from client's SSN).

**ALERT MO/YR:** Enter the month and year in which the action should have been taken by the case manager.

**REVIEW MO/YR:** Enter the month in which the record should have been reviewed according to section 365.

**DATE REVIEWED:** Enter the date the record is reviewed.

**INDICATE C (CORRECT), *INCORRECT – PROCEDURE*, *INCORRECT – WR OR PMT*, OR NA (NOT APPLICABLE) FOR EACH REVIEW ELEMENT**

Enter a check mark in the appropriate block to the right of the sub-element to indicate whether the CM's actions were Correct (C), *Incorrect – Procedure (Proc)*, *Incorrect – Work Rate (WR) or Payment (Pmt)*, or Not Applicable (NA) to the particular case during the review period. *Guidance has been given in the Policy Reference Guide to indicate which elements are work rate errors, which are procedural errors, and what actions the reviewer should look for in each sub-element.* Use the Policy Reference Guide to determine which sections of the manual to refer to in order to determine if the actions taken were correct. **The guide is not meant to be used as an all inclusive policy reference for all case circumstances, but rather as a guide to a starting point of reference.**

The checklist contains lead elements and sub-elements. Lead elements are numbered elements I, II, III, etc., and are in bold print. Sub-elements are lettered elements a, b, c, etc., and are listed under a lead element. Complete the sub-elements first. If a sub-element is correct, enter a **check mark** in the "C" column block to the right of the sub-element. If a sub-element is incorrect, enter a check mark in the *appropriate "Incorrect"* column block to the right of the sub-element. If the sub-element is not applicable, enter a check mark in the "NA" column block to the right of the sub-element.

Once the sub-elements have been checked, total the number of check marks under the *"Incorrect – WR/PMT"* column for the sub-elements and enter the number in the *appropriate* block to the right of *"Total Number of Errors"* at the bottom of the form.

Address questionable information and make remarks (both negative and positive) in the "Comments" section. If any sub-element is checked as incorrect, describe the error and give the policy reference that describes the correct policy/procedure.

# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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## DISPOSITION OF CHECKLIST

Once the record has been reviewed, the reviewer must share his/her findings with the CM. Complete the following spaces on the checklist as follows:

**LAST ACTION REVIEWED:** Enter last case manager action performed prior to case record review.

**TIME PERIOD REVIEWED:** Enter the period of time covered in the review beginning with the date of the first action reviewed and ending with the date of the last action reviewed. The beginning date should go back 6 months from the review month or the date the JOBS record was originally created (not reopened), whichever occurred later. Therefore the review must cover a six month period, except when the JOBS case has existed for less than six months. However, if using the selection procedures stated in section 365 the same case record is selected for review two consecutive months, the reviewer may review only the actions taken after the date of the last review. In these instances, the dates in this space must still adhere to the 6 months or initial opening of the JOBS case rule.

**REVIEWER SIGNATURE:** The person who reviewed the record should sign his/her name in this space.

**RETURN BY:** Enter the date by which the CM must return the checklist or the checklist and case record, whichever is appropriate, to the reviewer.

Send the original checklist attached to the case record to the CM for review of comments, corrections if appropriate, and signature. Retain a suspense copy until the CM takes actions as indicated, signs, and returns the original checklist to the reviewer.

Upon receipt of the checklist and case record from the reviewer, the CM will determine if additional action is required. If not, the case manager will sign the checklist in the space indicated, make a copy of the checklist and put it in the case record, and send the original checklist to the reviewer. If additional actions (corrections) are indicated, the case manager will take action/make corrections as indicated, complete both spaces below, and return the checklist and case record to the reviewer.

**CASE MANAGER SIGNATURE:** The CM should sign in this space.

**DATE RETURNED:** The CM should enter the date s/he signs the checklist and returns just the checklist or both the checklist and the case record, as appropriate, to the reviewer.

The reviewer will review the checklist and case record for the CM's signature, additional actions, and make entries in the following space as appropriate.

## INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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**CORRECTIONS REVIEWED BY/DATE:** This space is to be completed only if additional actions/corrections were indicated by the reviewer and completed by the CM. The person (reviewer) who reviewed the corrections made by the CM should sign and enter the date the corrections were reviewed and accepted. **Note:** The reviewer need not wait for the CM to take the action and/or return the original checklist and case record before submitting the checklist to the JOBS Program Consultant.

If the original has to be returned to the CM for additional action, make a copy of the original (containing the CM's changes and signature) to use as a suspense copy. Destroy the previous suspense copy. Return the original and the case record to the CM to make the appropriate changes. Repeat the process until the changes are accepted.

**FINAL DISTRIBUTION:** Send a copy (of the suspense or original as stated above) of the checklist to the JOBS Program Consultant by the 15<sup>th</sup> of the month following the review month. File a copy of the original in the case record. Keep the original in a file that is made available to FAD staff and auditors upon request.

***QUARTERLY RECORD RE-REVIEWS*** *When completing a re-review the JOBS Consultant must share his/her findings with the County Director and County JOBS Supervisor as well as selected SDHR staff. Their findings will be documented on a revised Case Review Checklist. The consultant will complete the "Last Action Reviewed" and "Time Period Reviewed" per instructions above and will sign in the space provided. If errors are found and corrections are to be made, the date by which the JOBS supervisor will need to complete corrections will be entered into "Correct By". Once the county has taken the necessary actions to correct, the county JOBS supervisor will sign and date verifying the corrections have been made and will return the form to the consultant. The consultant will sign indicating the correction(s) have been reviewed. The county supervisor will retain a copy of the consultant's re-review with the case file and the consultant will keep a copy of the completed forms with his/her records.*



# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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## Policy Reference Guide

### I. General Case Actions:

- a. Assessment/Reassessment – Correct means the assessment or reassessment was held and completed according to the times frames in Sections 315-A3, 315-E and 315-C2 and documented in the narrative. The correct notice (WIAM, WIFM, WPAM, WPFM, or WIGM) was mailed timely. Any errors that occur will be considered as procedural (Proc) errors.*
- b. FRP completed and overall adequacy of the IJP - Correct means the FRP (FRA and IJP) has been completed timely and correctly and per Section 335. The IJP should contain all required information, including the client's long and short term goals, specific JOBS activity, number of hours assigned, requested supportive services, and is documented according to Section 315-C2 and 335-B. An error in this sub-element will be considered procedural.*
- c. Work Eligible Field completed correctly – Correct means the field is completed according to Sections 100-G, 200, and Appendix B, Section 2-VIII. An error in this field would be considered a work rate (WR) error.*
- d. Case Narrative – Correct means the narrative contains clear and detailed statements of all case actions and dates per Section 350-B1 and the actions are consistent with FACETS entries. All errors in this element will be considered procedural.*
- e. Component Placement – Timely and correctly placed in a component activity per Sections 340, 350-B3, and Appendix B, Section 2-IV. Correct means FACETS component screens are completed timely and correctly with the actual date when a client is assigned and/or placed in a component or the component is closed, and the case narrative is documented if the client could not be placed timely. All errors in this sub-element are to be considered procedural.*
- f. Appropriateness/sufficiency of number of hours assigned in a component activity – Correct means the client has been correctly assigned to a component(s) for the number of core and/or non-core hours that will allow the client to meet participation requirements per Sections 210-A or an exception and the reason for the exception is documented in the narrative per Section 505-A. Any errors in this sub-element would be considered as a WR error.*
- g. Unpaid participation hours – Correct means the component activity hours have been verified, tracked, calculated, and posted on ZD23 timely and correctly per Sections 515-D, 530, and Appendix B, Section 2-IV. All required forms that apply to the assigned component activity (UHCW, JOBR/JOBS Tracking, Excused Hours Tracking, Monthly Attendance Progress Report, Vocational Tracking, CEMP Calculation Worksheet, and any other forms) are correctly and timely completed and placed in the record. Any error will be considered as a WR error.*

# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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*h. Case closure – Correct means the case has been closed correctly and timely on FACETS and documented in the record per Section 360. The W245 notice and JOBS pamphlet have been mailed to client or potential eligibility for continued services has been discussed with the client. Any error will be considered procedural.*

## **II. Employment**

*a. Actual hours verified, calculated, and documented – Correct means when a client reports employment the case manager obtains a statement from the employer about the anticipated weekly hours the client should work, obtains paystubs verifying actual paid hours that are representative of the employer's statement, and uses the Paid Weekly Hours Computation Worksheet to document the average weekly paid hours that are then placed in FACETS on ZD11 along with the date the paystubs are received in the county office as the Date Hours Verified. An error in this sub-element would be considered a WR error. Section 510-B*

*b. Jump Start pamphlet discussed and given and SEA services discussed/documented – Correct means that at assessment the case manager has given the client the Jump Start pamphlet and discussed and documented this in the narrative. The case manager should also discuss available services (including SEA) when learning that a client is employed and document the discussion in the case narrative. Any error in this sub-element would be considered procedural. Sections 315-B, 350-B1j and 600-A*

*c. Disregard period – Correct means it is documented in the narrative that the case manager contacted the FA worker to determine the correct disregard period, discussed the disregard period with the client upon employment, and had frequent contact during the disregard period to ensure the client had all available support to continue employment. Any error in this sub-element would be considered procedural. Sections 510-A7 and 650-A*

*d. If employment is not enough to meet participation requirements – Correct means that if the verified anticipated weekly hours as stated by the employer or the verified actual average weekly hours of employment is less than the amount needed to allow the client to meet participation requirements, the case manager has documented either adding an additional component activity or, if an exception is made, the reason for the exception is documented in the narrative per Section 505-A. See also Section 510-A. Any error in this sub-element would be considered a WR error.*

*e. Employment hours correctly/timely re-verified – Correct means that in the fifth month of the current projection period (see ERD report under FACETS-WATS PSWJZ221 Employment Hours Re-Verification Due) or when the county learns of a change in the hours, the case manager correctly begins and completes the process of re-verifying the average weekly hours per Section 510-B4. Any error in this sub-element would be considered a WR error.*

# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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## **III.Supportive Services**

*a. Authorized and closed correctly/timely – Correct means the narrative contains documentation of the discussion about services with the client, the authorization of services was done in a timely manner and according to the appropriate sections of Chapter 6 and section 600, and each service was closed appropriately when the need ended. An error in this sub-element would be considered a procedural error.*

*b. Reimbursed/paid correctly/timely – Correct means the services were reimbursed to the client timely either through FACETS or Welfare Reform Initiative Funds according to the appropriate sections of Chapter 6 and Section 600, the 1707/1708 was calculated correctly, necessary documentation and verification is contained in the record, a JOBS Budget Worksheet has been completed for employed clients and demonstrates the need of the client for the services, the limits on each service was maintained even if the services were paid through both means, and the correct amount of mileage reimbursement and day care costs were reimbursed. An error in this sub-element will be considered a payment (Pmt) error.*

*c. Appropriate referrals – Correct means a referral to another agency made on behalf of the client has been sent timely and correctly according to the appropriate sections of Chapter 6 and Section 600. For referrals to the Childcare Management Agency, the referrals should include the proper attachments and information per Section 610 and should be made in time for the client to have child care arranged before requiring to participate. An error in this sub-element will be considered procedural.*

*d. Documentation of reason in record if no supportive services authorized and/or paid – Correct means if the client does not have a need for any services the reason is documented in the narrative. An error in this sub-element will be considered procedural. Section 600 and 350-B1e*

## **IV.Noncompliance**

*a. Good cause correctly determined – Correct means that when the client commits an act of noncompliance, the case manager contacts the client timely, documents the results, and, if needed, sends a WINC notice per Section 705. The WINC notice must inform the client of the act of noncompliance. An error in this sub-element will be considered procedural.*

*b. Accurate and timely communication with PA by use of ZD21; correct begin and end dates of NC period – Correct means the case manager correctly determines the begin date of the noncompliance period and enters it timely on ZD21. If applicable, the case manager also determines the correct end date of the noncompliance period and enters it on ZD21 per Sections 710-F and 720-D&E. An error in this sub-element will be considered a WR error.*

# INSTRUCTIONS FOR COMPLETION OF JOBS SUPERVISORY REVIEW CHECKLIST (DHR-FAD-2095)

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## **V. Deferrals**

*a. Record documentation supports deferral – Correct means the circumstances that apply to the decision to defer the client are documented in the case narrative and if applicable, verification has been obtained and included in the record per Sections 315-E and 325-A. The time frame for the deferral period has been documented and is no longer than six months per Section 325-B. An error in this sub-element will be considered as a WR error.*

*b. Working with client to overcome barriers or obtain benefits – Correct means the case manager has referred the client, if appropriate, to VRS and has documented results, including the reason why VRS is unable to work with any client. The efforts that have been made to remove barriers is documented and assistance given to applying for SSI benefits as needed. Sections 315-E, 325, 330 and 350-B1c and l. An error in this sub-element will be considered as procedural.*

# JOBS SUPERVISORY REVIEW/MANAGEMENT SUMMARY

## INSTRUCTIONS FOR COMPLETION

This form is to be used to report the compilation of data on the DHR-FAD-2095 forms, the identification of reoccurring errors found in the review of case records and FACETS-generated monthly management reports, and the actions taken to correct and/or prevent the errors in the future. The form will also give the county's participation rate as reflected on the PSWJZ205-R report and indicate if a corrective action plan is in place for the alert month. Information regarding the case record reviews is reflected on the County PA and JOBS Programs Monthly Report. Counties are encouraged to prepare and maintain a summary by caseload or unit for county use in management, corrective action, and performance evaluations. Such summaries should not be sent to the state office, unless specifically requested.

**COUNTY #:** Enter the county number.

**ALERT MO/YR:** Enter the month and year in which the CM should have taken the actions indicated by the alerts. For example, alert lists are pulled the last day of June for actions due in July. The CM should have taken the actions in July. July is the alert month. This is also the month for which information from the FACETS-generated reports is to be reviewed and reoccurring errors described.

**REVIEW MO/YR:** Enter the month and year in which the supervisor should have reviewed the case records and the FACETS-generated reports. In the case record review process, this is the month after the alert month. In the example above, alert lists were pulled the last day of June for actions due in July. The actions should be taken in July by the CM and reviewed in August by the supervisor. Therefore the review month is August. **NOTE:** Using this same example, the summary should be submitted to the State Office by the deadline in September and information will be tallied and reported in October of the same year on the "County PA and JOBS Programs Monthly Report for July".

**TOTAL NUMBER OF CASES REQUIRED:** Enter the number of caseloads *that have more than five cases or that is not otherwise excluded from review* between the parentheses and multiply that number by 3 to get the total. See JPPM section 365-A and PSWJR106 report in ERD published on the last working day of the month before the alert month to determine the correct amount of required cases for review. If no cases are required to be reviewed, enter 0 in this field, even if in the first or third quarter of the fiscal year.

**TOTAL NUMBER OF CASES REVIEWED:** Total reviewed for the county, *whether required or not*. **NOTE:** Remember that even if there are five or fewer cases in the county, a review must be done in at least one month of the first quarter of the fiscal year and in one month of the third quarter of the fiscal year. **In this case, the reviews should be done in the first possible month of the first or third quarter for which there are open cases.**

**# OF CORRECT CASES:** Enter the total number of cases *reviewed (whether required or not)* that had no Work Rate (WR) or payment (PMT) errors, i.e., no check marks under the "Incorrect – WR/Incorrect - PMT" column on any of the 2095 forms.

**COUNTY UNADJUSTED FEDERAL PARTICIPATION RATES:** Enter the All Family rate and the Two-Parent rate from the PSWJZ205-R report for the alert month. Enter NA if there are no two-parent families. **NOTE:** This report is placed on ERD around the 26<sup>th</sup> of the review month. Summaries should not be submitted before this report is reviewed.

**CORRECTIVE ACTION PLAN:** Enter a check mark in the YES or NO space to indicate whether the county has completed a corrective action plan for the alert month.

**CORRECTIVE ACTION PERIOD:** If a corrective action plan has been completed for the alert month (a check mark in the "YES" space), enter the months covered by the plan.

# JOBS SUPERVISORY REVIEW/MANAGEMENT SUMMARY

## RECORD REVIEWS and MANAGEMENT REPORTS REVIEW

Information to be provided under these two sections is primarily for use by the county management staff and the JOBS Program Consultants to determine areas that may need special attention, i.e., corrective action for a particular case manager, training, policy clarification, etc.

**NUMBER OF ERRORS:** Using the checklists, total the number of errors, *including procedural errors*, for each category/lead element listed and enter the total for each in the space to the right.

### DESCRIBE REOCCURRING ERRORS AND ACTION TAKEN TO CORRECT/PREVENT:

The checklists that are attached to the summary sent to the JOBS Program Consultant must substantiate the description of the errors and the actions taken to correct/prevent them.

1. **RECORD REVIEWS:** If any errors cited on a previous summary were repeated, describe the general nature of the errors and the action(s) taken by the supervisor and/or case manager to correct and/or prevent (reduce the likelihood) the same or similar errors from occurring in the future. Attach additional pages as necessary.
2. **MANAGEMENT REPORTS REVIEW:** The following FACETS-generated reports are sent to counties through ERD each month and should be reviewed for accuracy of case actions and information entered on FACETS, as well as consistency of information in the case record and on FACETS screens.

PSWJB025: WATS Participation Report

PSWJB026: WATS Statistical Profile

PSWJB080: Supportive Services Paid Through FACETS

PSWJR091: SSN's Open for FA but not Open on WATS

PSWJR103-A: Open WATS with Current Employment, Components, or Both Totaling 60 Hours or More

PSWJR110-B: All Clients Enrolled in PREP / CEMP

PSLFB017-A: Local Funds Monthly JOBS Detail Listing

*PSWJR125: JOBS Cases Coded as Subsidized Employment*

PSWJZ205-R: TANF Work Participation Rates

PSWJZ207-C: All Families Work Participation Rate Cases that Met Requirements/Counted as Participating

PSWJZ208-C: All Families Work Participation Rate Cases Required to Participate / Did Not Meet Requirements

PSWJZ209-C: All Families Work Participation Rate Cases Disregarded From Rate

PSWJZ210-C: All families Work Participation Rate Cases with No Work Eligible Adults/Not Included in Rate

*PSWJZ215: TANF 2 Parent Families Report*

*PSWJZ217: TANF-CEMP Percentage Report*

*PSWJZ221: Employment Hours Re-Verification Due*

*PSWJZ227-C: 2 Parent Work Participation Rate Cases that Met Requirements/Counted as Participating*

*PSWJZ228-C: 2 Parent Work Participation Rate Cases Required to Participate/Did Not Meet Requirements*

*PSWJZ229-C: 2 Parent Work Participation Rate Cases Disregarded From Rate*

*PSWJZ233: Clients Who Have Received Services from the Career Center*

*PSWJZ286: Open Cases with Children Under 6 Months and Due to Be Reassessed*

Information on all of these reports is taken from data that is on FACETS screens as of the date the report is printed. A review and comparison of certain information on these reports, especially the WATS Participation Report, will show errors in case management, i.e., inaccuracies, inconsistencies and past due actions. Refer to Appendix A and to the memo from Terrie Reid dated 10-28-11 (Subject: TANF Work Participation Data on Eight New SAS Reports) for a description of each report, its purpose and how it is to be used to identify errors. If any errors are repeated for two or more months, describe the nature of the errors and the action(s) taken by the supervisor and/or case manager to correct and/or prevent the likelihood of the same errors occurring in the future. Attach additional pages as necessary.

## **JOBS SUPERVISORY REVIEW/MANAGEMENT SUMMARY**

**COMMENTS:** This section may be used to send additional information to the JOBS Program Consultant about the case records and/or reports reviewed.

**COMPILED BY and DATE:** Signature of the person who compiled the report and date form is completed.

**DIRECTOR/SUPERVISOR SIGNATURE and DATE:** Signature of the county director, supervisor, or other designee who reviewed and approved the summary for submission to SDHR.

**DISTRIBUTION:** Scan and send as an attachment in an email a copy to *Demetria Lewis*, Family Assistance Division and a copy to the appropriate JOBS Program Consultant. **Please include in the subject line, the county and JOBS Supervisory Review Summary (example: County – JOBS Supervisory Review Summary).** The reviews are due by/on the 15<sup>th</sup> of the month following the month in which the cases and reports were reviewed. If the 15<sup>th</sup> falls on a weekend or holiday, the forms must be sent to be received by the first workday following the weekend/holiday. **The original is to be kept in a county file that can be made available to SDHR and auditors upon request.**

## JOBS SUPERVISORY REVIEW/MANAGEMENT SUMMARY

COUNTY #: \_\_\_\_\_ ALERT MO/YR: \_\_\_\_\_ REV MO/YR: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

TOTAL NUMBER OF CASES REQUIRED: ( ) X 3 = \_\_\_\_\_ TOTAL NUMBER OF CASES REVIEWED: \_\_\_\_\_

# OF CORRECT CASES: \_\_\_\_\_

COUNTY UNADJUSTED FEDERAL PARTICIPATION RATES: ALL FAMILY \_\_\_\_\_ TWO-PARENT FAMILY \_\_\_\_\_  
CORRECTIVE ACTION PLAN: YES \_\_\_\_\_ NO \_\_\_\_\_ CORRECTIVE ACTION PERIOD: \_\_\_\_\_

### RECORD REVIEWS

NUMBER OF ERRORS: GENERAL CASE ACTIONS/CLIENT PARTICIPATION \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_  
SUPPORTIVE SERVICES \_\_\_\_\_ NONCOMPLIANCE \_\_\_\_\_ DEFERRALS \_\_\_\_\_

DESCRIBE REOCCURRING ERRORS AND ACTIONS TAKEN TO CORRECT/PREVENT:

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### MANAGEMENT REPORTS REVIEWS

DESCRIBE REOCCURRING ERRORS AND ACTIONS TAKEN TO CORRECT/PREVENT:

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COMMENTS: \_\_\_\_\_

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COMPILED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR/SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## JOBS SUPERVISORY REVIEW/MANAGEMENT SUMMARY

COUNTY #: \_\_\_\_\_ ALERT MO/YR: \_\_\_\_\_ REV MO/YR: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

TOTAL NUMBER OF CASES REQUIRED ( ) X 3= \_\_\_\_\_ TOTAL NUMBER OF CASES REVIEWED: \_\_\_\_\_

# CORRECT CASES: \_\_\_\_\_

COUNTY UNADJUSTED FEDERAL PARTICIPATION RATES: ALL FAMILY \_\_\_\_\_ TWO-PARENT FAMILY \_\_\_\_\_

CORRECTIVE ACTION PLAN: YES ☐ NO ☐ CORRECTIVE ACTION PERIOD: \_\_\_\_\_

### RECORD REVIEWS

NUMBER OF ERRORS: GENERAL CASE ACTIONS/CLIENT PARTICIPATION \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_  
SUPPORTIVE SERVICES \_\_\_\_\_ NONCOMPLIANCE \_\_\_\_\_ DEFERRALS \_\_\_\_\_

DESCRIBE REOCCURRING ERRORS AND ACTIONS TAKEN TO CORRECT/PREVENT:

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### MANAGEMENT REPORTS REVIEWS

DESCRIBE REOCCURRING ERRORS AND ACTIONS TAKEN TO CORRECT/PREVENT:

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COMMENTS:

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COMPILED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR/SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## JOBS VOLUNTARY PARTICIPATION NOTICE

Dear \_\_\_\_\_

I am sending you information about how the JOBS Program can help you get a “Jump Start” on employment and all of the things you want for yourself and family. Information in our records shows that your participation in JOBS Program work and training activities is not required at this time because:

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However, because the JOBS Program can help you in so many ways, we encourage you to participate voluntarily if possible. Please contact your JOBS case manager at the number below by \_\_\_\_\_ to learn more about how the JOBS Program can help you.

Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## JOBS VOLUNTEER MENTOR APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREVIOUS VOLUNTEER DUTIES: \_\_\_\_\_

\_\_\_\_\_

LIST ANY ARRESTS OR CONVICTIONS: \_\_\_\_\_

\_\_\_\_\_

EXPLAIN ABOVE IF DESIRED: \_\_\_\_\_

WHY DO YOU WANT TO BE A JOBS VOLUNTEER MENTOR? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST THREE REFERENCES WE MAY CONTACT. SELECT ONE IN EACH CATEGORY: (A) A SUPERVISOR OF A PAID OR VOLUNTEER POSITION, (B) A PERSON WHO KNOWS OF YOUR WORK OR VOLUNTEER EXPERIENCE, (C) A NEIGHBOR.

NAME AND RELATIONSHIP

ADDRESS

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE PROGRAM? \_\_\_\_\_

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH OR CAN YOU SIGN FOR THE DEAF? IF SO, LIST: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**\*FOR OFFICE USE ONLY. DO NOT COMPLETE BELOW.\***

DATE OF INTERVIEW: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

COMMENTS ON EXPERIENCE/SKILL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **JOBS VOLUNTEER MENTOR JOB DESCRIPTION**

**ROLE:** To serve as a friend and mentor to under-employed or under-educated adults receiving public assistance who are making the transition from dependence to self-sufficiency.

### **RESPONSIBILITIES:**

To provide friendship, support, and inspiration to the adult with whom you have been matched.

To work in conjunction with the adult and the case manager to help the person build as strong a foundation as is possible toward independence.

To be an enabler and help the adult learn how to help herself.

To encourage the adult to make her own decisions and to be responsible for them by walking through the possible consequences.

To assist the person in accomplishing and refining the tangible skills needed in daily living such as cooking, budgeting, maintenance, and apartment or job searching.

To assist the individual in the development of intangible skills such as problem solving and assertiveness as well as helping in the development of self-esteem and self-confidence.

To be willing to share your experiences and ideals with the adult.

To be willing to participate with the adult in activities and cultural experiences.

To be willing to commit yourself to a nine month relationship with the individual in the JOBS Program.

To meet with or contact the adult on a weekly basis.

To fill out reports needed by the Department of Human Resources Volunteer Program as requested.

To attend ongoing training sessions as they are offered throughout the year.

### **BENEFITS:**

An opportunity to help and become friends with an adult desiring to change or enrich her present life-style.

An opportunity to become acquainted with other volunteers.

A record of volunteer hours to be used on future job applications.

Excess liability insurance provided while volunteering.

Mileage reimbursement while volunteering.

**QUALIFICATIONS:**

To be an emotionally stable and mature person with a sincere interest in helping another person develop to her full potential.

To have experience with the welfare system or helping programs in general will be helpful but not mandatory.

To be 20 years of age or older.

To be able to provide own means of transportation (if car, must be own) and auto liability insurance.

**TIME COMMITMENT:**

A nine month commitment to an adult which will include personal and telephone contact.

A nine month commitment to the program which will include orientation and other training if offered as well as monthly reporting.

Contact person: \_\_\_\_\_

\_\_\_\_\_ County Department of Human Resources

Telephone: \_\_\_\_\_

## **VOLUNTEER MENTOR STATEMENT OF UNDERSTANDING/AGREEMENT**

I, \_\_\_\_\_, understand:  
Print Name of Applicant

that I will be committing myself to at least a nine month commitment as a JOBS Volunteer Mentor once I have been matched with a JOBS participant.

that I must complete an application form to formally apply for the position of JOBS Volunteer Mentor.

that as a potential JOBS Volunteer Mentor I am required to complete an orientation and interview.

that I will attend training or meetings as requested.

that I will meet with the JOBS participant as often as required by the Department.

that should the match be unsuitable I will contact the County DHR Volunteer Coordinator or JOBS Coordinator immediately. A meeting will then be set to evaluate the specifics of the situation.

that should I be unable to meet as scheduled with the JOBS participant, I will notify her prior to meeting time.

that I will be expected to keep in contact with the County DHR Volunteer and/or JOBS Coordinator. I will be expected to: (a) turn in a monthly report, (b) notify of a change of address or phone number, (c) notify if a meeting is to be missed, (d) report when a situation is in crises and (e) report when there are questions or when there is a need or desire for support or input.

that I must maintain a valid driver's license and proof of automobile liability insurance.

that while performing activities as a JOBS Volunteer Mentor I will be covered for personal liability, excess automobile liability, and medical accident liability through the Department of Human Resources Volunteer Program.

that I will receive mileage reimbursement as indicated through the Department of Human Resources Volunteer Program.

that I will complete any forms necessary for the documentation of information as directed by the Department.

that I will allow photographs taken of me to be used in publicity for the JOBS Volunteer Mentor Program.

that in order to become a Volunteer I must never have been convicted of assault, child abuse or neglect, or any other crimes against a child or adult.

that any information known about the JOBS participant to whom I am assigned is confidential and I am not allowed to discuss the information with anyone other than the assigned case manager, Volunteer Coordinator, or their supervisors. I understand that failure to keep personal information confidential and consistent failure to keep my appointments with the JOBS Participant with whom I am matched are reasons for termination from my role as a JOBS Volunteer Mentor.

that the individual to whom I am assigned has the right of self-determination and, although it is hoped that my influence will cause positive change in the value system of the JOBS participant, I am not to attempt to impose any personal values or beliefs.

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Signature of JOBS Volunteer Mentor Applicant

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Date

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Witness

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Date

## JOBS WORK ACTION PLAN

PARTICIPANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ELIG CASE NAME: \_\_\_\_\_ ELIG CASE #: \_\_\_\_\_

DATE EVALUATION INITIATED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

WORK ACTION BEGIN DATE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

1. THE PARTICIPANT'S MAJOR STRENGTHS ARE:

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2. THE MAJOR PROBLEMS INTERFERING WITH EMPLOYMENT ARE:

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3. THE PARTICIPANT WILL BE REQUIRED TO ENGAGE IN THE FOLLOWING ACTIVITIES: (List component(s) to which the participant is assigned as well as any other contacts to be made by the participant.)

_____	DATE: _____
_____	DATE: _____
_____	DATE: _____
_____	DATE: _____

4. THE STEPS TO BE TAKEN BY THE PARTICIPANT ARE:

_____	DATE: _____
_____	DATE: _____
_____	DATE: _____
_____	DATE: _____

5. THE SERVICES TO BE PROVIDED TO THE PARTICIPANT DIRECTLY BY DHR ARE: (List type of service, the period of time during which the services will be provided and the person responsible for ensuring the service is provided.)

_____	CONTACT PERSON: _____
_____	CONTACT PERSON: _____
_____	CONTACT PERSON: _____
_____	CONTACT PERSON: _____



6. THE SERVICES PROVIDED BY OTHER AGENCIES/INDIVIDUALS ARE: (List type of service, the period of time during which the services will be provided and the person responsible for ensuring the services is provided.)

\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_

7. THERE IS NO AVAILABLE AND/OR APPROPRIATE ACTIVITY THAT THE CLIENT MAY ENGAGE IN AT THIS TIME. THE FOLLOWING AVENUES TO EMPLOYMENT HAVE BEEN AND WILL CONTINUE TO BE EXPLORED: (List the activities explored, the reasons why each was determined to be inappropriate and/or unavailable, and future actions the agency and/or participant will take to resolve the problems/barriers or create new employment activities for the participant.)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PARTICIPANT'S STATEMENT OF AGREEMENT: THE PROPOSED WORK ACTION PLAN STATED ABOVE HAS BEEN EXPLAINED TO ME. I UNDERSTAND WHAT I AM TO DO. I AGREE TO ABIDE BY THE PLAN. I ALSO AGREE TO CONTACT MY CASE MANAGER AND/OR SERVICE PROVIDER AS SOON AS POSSIBLE IF I AM UNABLE TO TAKE ANY ACTION AS AGREED OR IF I NEED ANY OTHER SERVICES.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

9. I HAVE REVIEWED AND DISCUSSED THE PROPOSED ACTIONS AND SERVICES TO BE PROVIDED BY MY AGENCY WITH THE JOBS CASE MANAGER AND/OR CLIENT AND AGREE TO PROVIDE SUCH SERVICES AS SPECIFIED.

SERVICE PROVIDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE PROVIDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE PROVIDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DHR STAFF SIGNATURE:

POSITION

DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Original to Participant  
Copy to File