

INSTRUCTIONS: SOS PLAN

A. Overview:

1. This is the "case plan", the "road map" that establishes direction in which a client chooses to proceed
2. If the client is a JOBS client, this form must include participation by the JOBS worker
3. If the client has an open CPS case, the Specialist should collaborate with the CPS worker in determining services.
4. The SOS Plan **is to be completed within 30 days of opening a case**

B. Completion of form:

1. Mark the **box at the top of the form** to reflect whether domestic violence barriers **HAVE NOT OR HAVE** been identified as affecting work or work activities. This provides a "heads up" for JOBS workers that this client may need to be deferred from those activities.
2. **Section One -Domestic violence barriers.** Briefly list any barrier(s) to safety, ability to work or ability to participate in work activities. **See sample plan for this and following sections. Note that each notation is numbered so that quick reference may be made on the SOS Update.**
3. **Section Two — Strategies.** This answers the question: "How does this client plan to deal with the stated barriers?"
4. **Section Three - DHR resources:** What is needed from DHR in order to carry out the planned strategies? This includes: DVAS requests as-well as JOBS Supportive Services.
5. **Section Four - Outside resources:** What community agencies can be tapped in order to carry out the planned strategies?
6. Complete with signatures and dates - include the JOBS case manager when client is a JOBS client or when requesting Supportive Services for a client who is not JOBS

C. Case Management

1. Upon completion of SOS Plan, make another appointment to meet with the client.
2. Plan is to be up-dated monthly

INSTRUCTIONS: SOS PLAN UPDATE

1. An SOS Update is to be done "as often as necessary, but at least monthly."
2. The Update follows the exact same format as the SOS Plan, but is streamlined in that:
 - a. Checkmarks can be used and
 - b. If on the original SOS Plan, **barriers and strategies are numbered**, the Update can make reference to a number rather than re-writing elements of the original plan
3. There is a section to indicate whether it is a face to face interview or an Update done by telephone
4. Each section is designed to answer a basic question:
 - a. **DV Barriers:** is she safe?
 - b. **Strategies:** what is she currently working on?
 - c. **DHR Services/DVAS requests:** what does she need now?.
 - d. **Outside Resources:** how can the community assist?
5. In the "Notes" section, add any helpful information
6. If the client is also a JOBS client, a copy of the Update should be given to the Jobs worker

SOS PLAN UPDATE

SAIL PARTICIPANT: _____

DATE: _____

_____ Face to Face

_____ Telephone interview

1. DV Barriers

_____ Barrier(s) removed

_____ No change in barriers

_____ Remaining barrier(s):

_____ New barrier(s):

Notes: _____

2. Strategies

_____ Strategies complete

_____ No change in strategies

_____ Strategies remaining:

_____ New strategies:

Notes: _____

3. DHR Services/DVAS requests

_____ DHR Supportive Services received: _____

_____ DVAS Requests received: _____
(include amounts)

_____ New request(s): _____

Notes: _____

4. Outside resources

_____ Requests received

_____ No change in requests

_____ Requests remaining

_____ New requests

Notes: _____

SAIL Participant

Date

SAIL Specialist

Date

JOBS Case Manager

Date

SAIL PROJECT SOS PLAN

_____, SAIL Participant

_____ Domestic violence barriers HAVE NOT been identified at this time regarding work or work activities.

_____ Domestic violence barriers HAVE been identified regarding work or work activities.

1. Domestic violence barriers to safety, ability to work, or ability to participate in work activities: _____

2. Strategies to overcome domestic violence barriers: _____

3. DHR resources/supportive services requested to overcome domestic violence

barriers: _____

4. Outside resources/services requested to overcome domestic violence barriers:

SAIL Participant

Date

SAIL Specialist

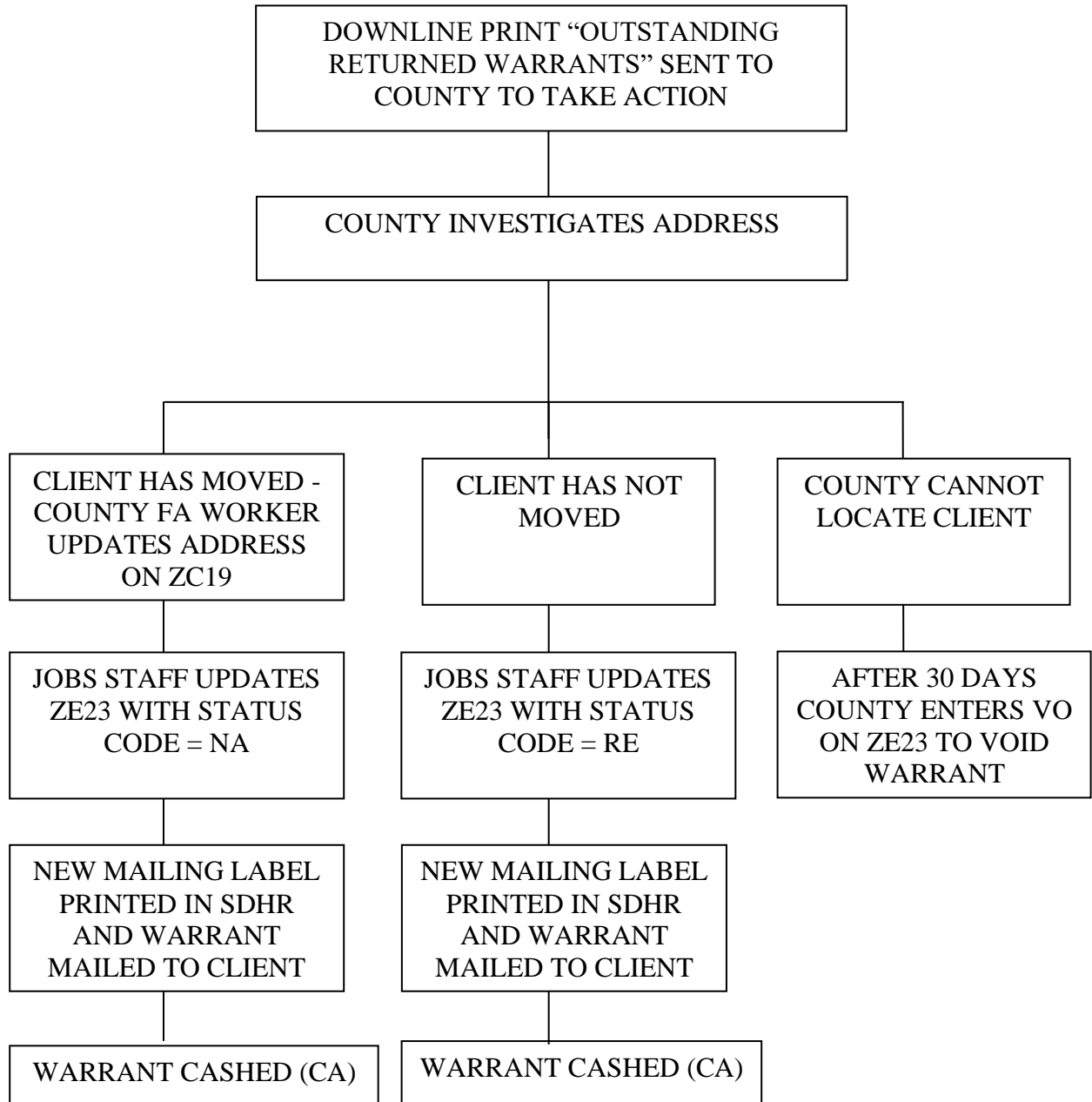
Date

JOBS Case Manager

Date

WARRANT RETURNED TO SDHR

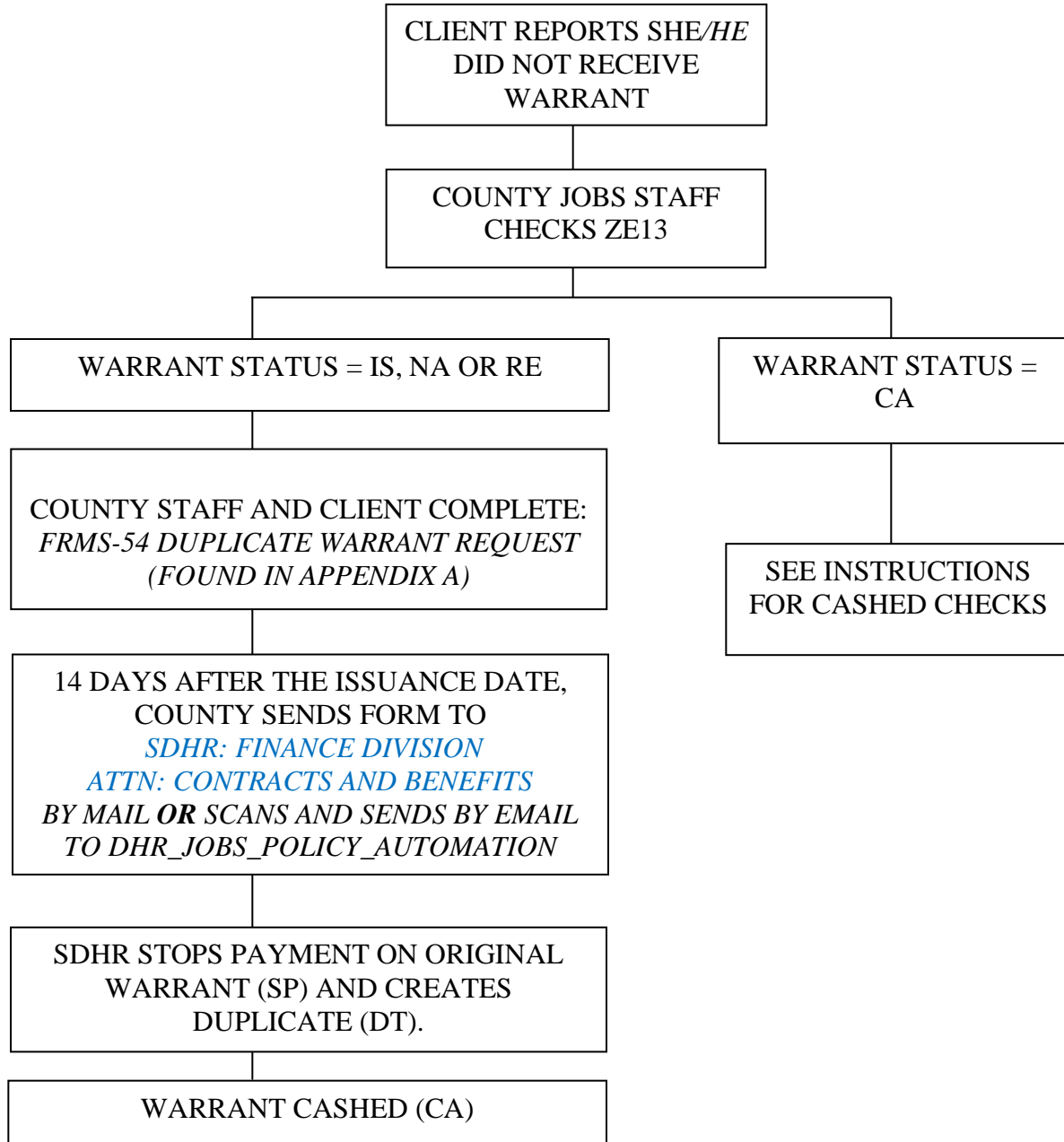
NOTE: Please do NOT contact SDHR Finance. Follow the protocol below. Failure to update ZE23 with the appropriate coding may cause an error in the Alert System that can only be corrected with programmer intervention.



Updated 10-2018

WARRANT NOT CASHED, NOT RECEIVED BY CLIENT

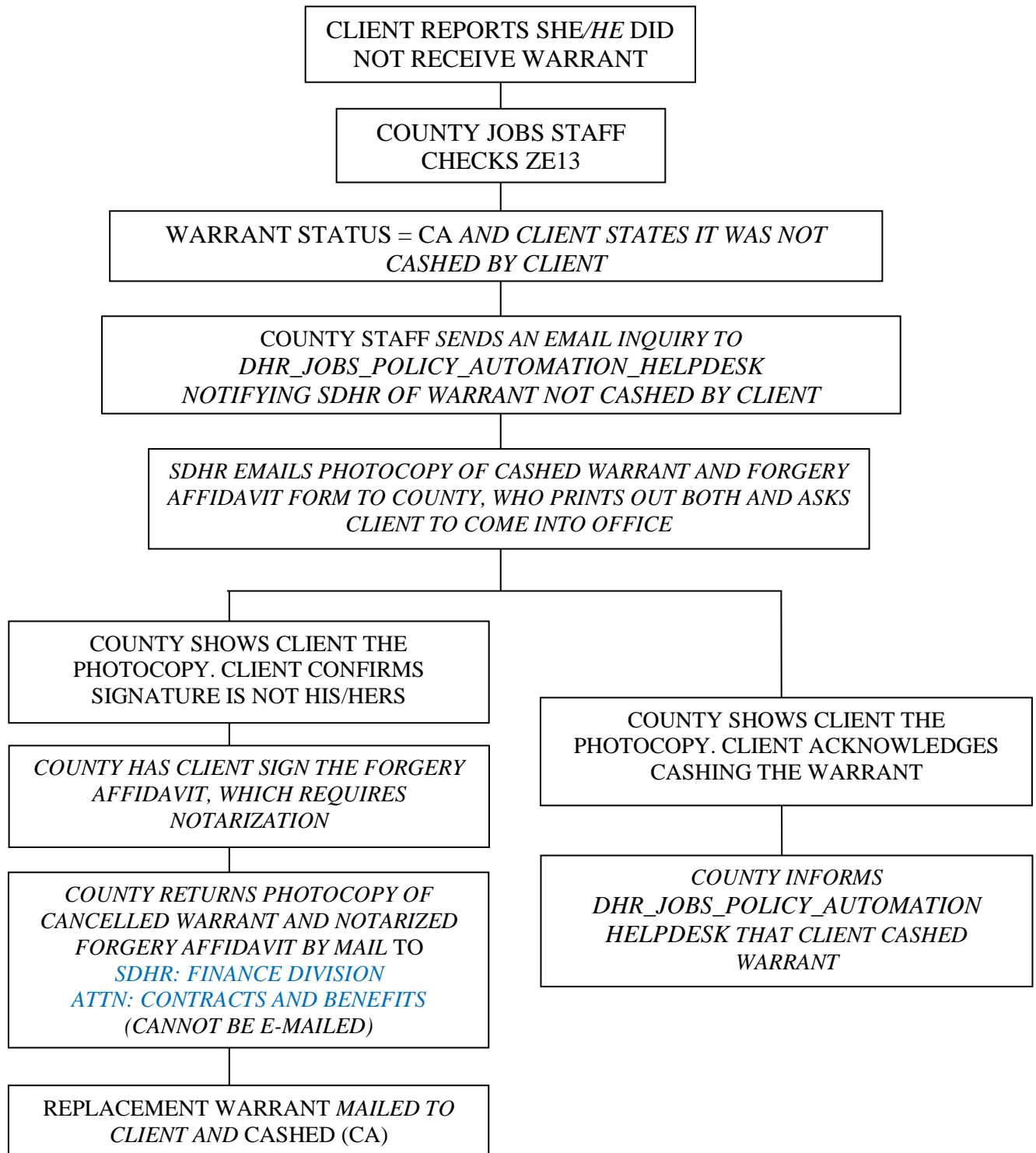
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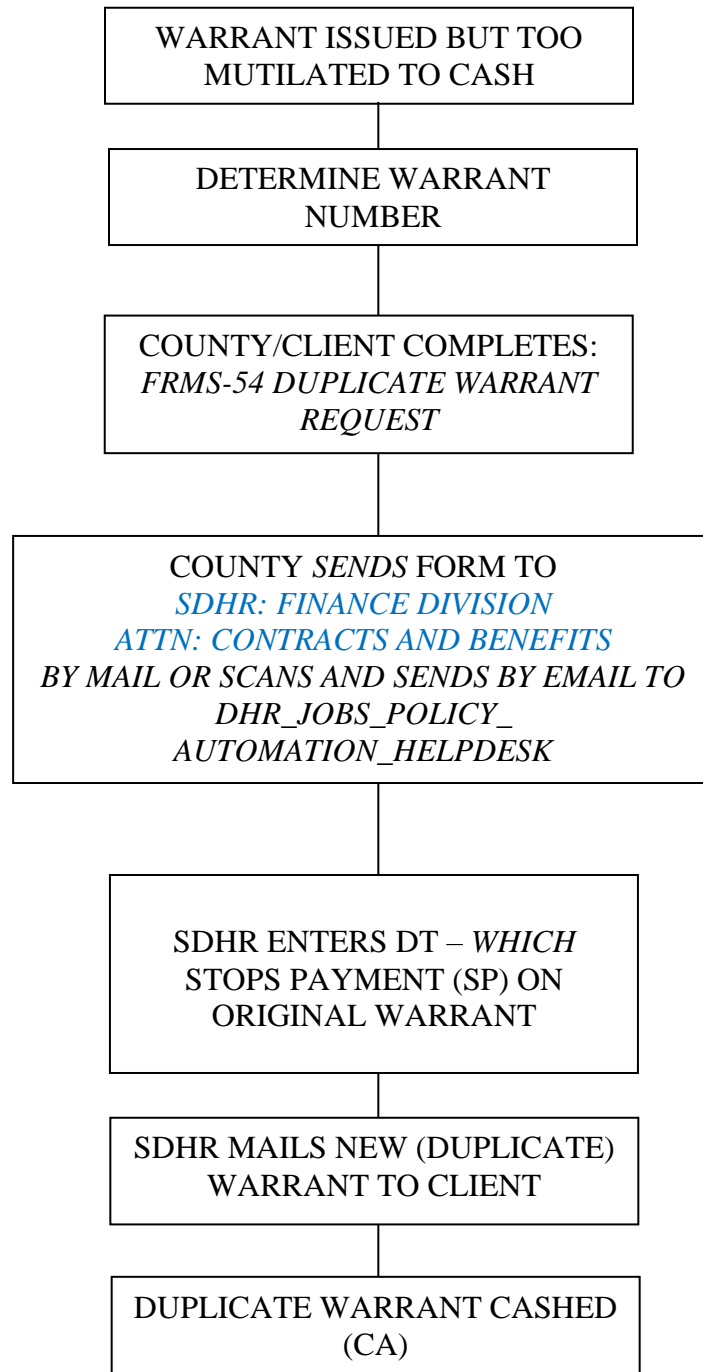
Updated 10-2018

WARRANT CASHED BUT NOT RECEIVED BY CLIENT

NOTE: Please do NOT contact SDHR Finance. Follow the protocol below.

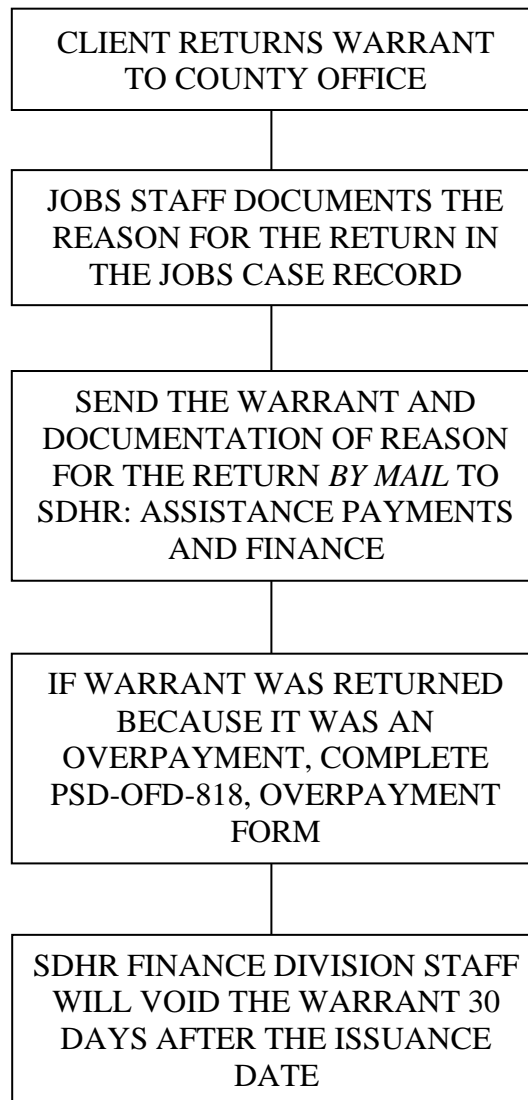


MUTILATED WARRANT



Updated 10-2018

PARTICIPANT RETURNED WARRANT



Updated 10-2018

Specialized Family Responsibility Plan for Time Limit Countdown

Client Name _____ SSN _____ FA Month # _____

Date(s) of CM/Client Contact(s) During Month:	
Explanation of Barriers Remaining:	
Actions Being Taken to Address Barriers:	
Referred to DRS: Y/N If yes, results. If no, why not?	
Referred to Social Security for SSI? Y/N If yes, results. If no, why not?	
Current Hardship: Y/N Reason: If yes, number of months? Hardship has lasted for 30 or more months? Y/N	
Employment Needs:	
Other:	
Recommendations/Actions to be Taken:	
JOBS Case Manager:	Date
Client Signature:	Date

Supervisory Review/Recommendations	
Supervisor:	Date:

TANF/JOBS ASSESSMENT AND REFERRAL

Referral Date: _____
Referring Worker: _____
County: _____
Referral Reason: _____

Case Name: _____
TANF Client ID: _____
SNAP Case #: _____

CONTACT INFORMATION

Participant Name: _____
Address: _____
Primary Phone: _____ (cell, landline, message only)
Alternate/message phone: _____
Email Address: _____

DEMOGRAPHIC INFORMATION

Date of Birth: _____ Age: _____ Gender: Male Female
Marital Status: Single Married Other: _____ Household Size: # Adults _____ # Children _____
Ethnicity: _____ Age of youngest minor child in home: _____
Primary Language: _____
If not English, is English spoken as a second language? Yes No

EDUCATIONAL BACKGROUND AND EMPLOYMENT EXPERIENCE

High School Diploma or Equivalency: Yes No Date received: _____
If no, highest grade level completed: _____
Certificates or Degrees
Type: _____ Date Earned: _____
Type: _____ Date Earned: _____
Currently attending school/training: Yes No
If yes, please list the provider: _____
Schedule attached: Yes No If no, has a schedule been requested: No Yes, due: _____
Currently employed: Yes No If no, date most recent employment ended: _____
If yes, list employer name, wage, and weekly hours: _____
Previous fields of employment or job titles held: _____

PERSONAL ASSESSMENT

Strengths/Skills: _____

Has access to transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has access to childcare services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has stable housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a barrier such as substance abuse or domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any physical or mental health issues affecting the ability to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INSTRUCTIONS THE UNPAID HOURS COMPUTATION WORKSHEET

1. **Purpose:** The purpose of each worksheet is to document verified client participation hours in unpaid work activities during the month, determine the designated countable excused absence hours, and as a tool to automatically calculate the number of countable hours to be entered on ZD23 for each component for federal reporting purposes. It is to be completed in conjunction with the Excused Absence Tracking I and II and the Job Readiness/Job Search Tracking I and II forms. The worksheet may also be used for case management purposes as each completed worksheet is a quick reference for information on the client's overall participation, or lack thereof, for each month.
2. **General instructions:** An Excel file for each calendar year is created and placed in Appendix A on iDHR. Each file will contain tabs to a worksheet for each month in that year. The worksheet for the month needed may be copied to your H drive for data entry or data may be entered directly onto the form in Appendix A. However, iDHR will require any changes made to the form in Appendix A to be saved to your H drive. As data is entered on the worksheet, save it often so the information will not be lost. The worksheet is color coded by components and designed to document participation in JOBR/JOBS/UJOB and two other components on the same worksheet, i.e., the spaces to be completed for the first component is color coded yellow, the second component spaces are blue and the JOBR/JOBS/UJOB component spaces are green. There are also three pink spaces to be used to enter excused absence hours' balance, the Report Month Limit for JOBS/JOBR, and employment hours when calculating the total hours for the month.
When completing the worksheet in Excel, only spaces in the applicable colored highlighted areas are to be completed. For example, if the client is participating only in JOBR//JOBS/UJOB activities, entries should be made only in the green spaces at the top of the worksheet, the pink excused absence hours balance space, the pink space for Report Month Limit, and the green highlighted spaces in the Total JOBR/JOBS column. Excel will automatically compute the totals and fill in the spaces in white. No data should be entered in the white or gray shaded spaces.
3. **Case Name and Case #:** Enter the client's name and case #.

Completion of the Color-Coded Columns

4. **Comp 1 and 2:** Enter the name of the component activity in the space to the right of Comp 1, and 2, as appropriate. For the JOBR/JOBS/UJOB columns, see "5" below. **If the client is in more than three components during the month, notify the JOBS Policy/Automation Help Desk immediately as a special worksheet will have to be created for this situation.**
5. **JOBR/JOBS/UJOB:** These columns are to be used only for job readiness and job search activities. Because a week for job readiness and job search activities may not be a calendar week (as shown in the far left columns), seven spaces are provided in the left section of the column to enter each JOBR/JOBS/UJOB week. *A week of job search or job readiness begins with the first day the client starts the activity and continues for 7 days.* Entries should be made using the numeric month, a slash, and the numeric day, i.e., enter 02/02 or 2/2 for February 2. ***The date entered in the very first row should be the day the client actually begins the activity even if it occurs in the middle of the month or a week.*** Do not enter the year. The user may complete all seven spaces for each week by entering the numeric date for each day **or** the user may complete only the first and seventh space for each week by entering the numeric dates only for the first and last day of each week. The total attended and holiday hours for each week are also automatically calculated and entered in the far right column of this section. After the worksheet is complete for any job readiness or job search activity, print a copy of the worksheet and draw a circle around the appropriate code. If the activity changes from JOBR/JOBS to UJOB, print a copy of both worksheets (the original version showing JOBR/JOBS hours and the revised version showing UJOB hours), staple them together and file in the case record.

6. **Scheduled Hours (Sch):** (*JOBR/JOBS/UJOB ONLY*) Enter the number of daily scheduled participation hours in each (**Sch**) space that corresponds with the dates of the *week* the client is scheduled to attend the *job search/job readiness* component.
7. **Attended Hours (Att):** For each component, enter the actual hours attended in each (**Att**) space that corresponds with the dates of the month the client attended the component. Do not enter homework hours for educational components, as *the actual homework hours* are to be entered in the *Spv Hw* column. **A zero should be entered if the client did not attend but was scheduled to attend.** Hours should be entered upon receipt of or no later than three workdays of receiving verification of the client's participation hours. The total number of attendance hours in each component is automatically calculated and entered in the corresponding **Total** space at the bottom of each component section.
8. **Supervised Homework Hours (Spv Hw):** For *VOCT or EDUC* components other than high school, enter the actual number of hours as reported by the client spent completing homework assignments or studying. **You will only use the actual hours of homework if the client is making satisfactory progress AND you cannot get a statement from the educational institution of the number of advised homework hours.** Otherwise this is for documentation purposes.
9. **Excused Absence Hours (Exc):** For each component, enter the number of excused absence hours in each (**Exc**) space that corresponds with the dates of excused absence hours. Enter hours only if the client was scheduled to attend, was absent for any part of the scheduled hours, and the absence hours were excused. If none of the absence hours were excused, enter zeros in the spaces to indicate that none of the absence hours were excused. Excused absence hours should be entered on the worksheet after good cause has been granted for the absence hours. The total number of excused absence hours for each component will be automatically calculated and entered in the corresponding Total space at the bottom of each component section.
NOTE: It is important to remember that non-core hours are not counted unless the core hour requirement is met.
10. **Holiday Hours (Hol):** For each component, enter the number of holiday hours in each (**Hol**) space that corresponds with the date the client was allowed time off in observance of one of the state approved holidays. The total number of holiday hours for each component will be automatically calculated and entered in the corresponding Total space at the bottom of each component section. Beginning with January 2017, in the component 1 and 2 sections it will only be possible to enter holiday hours in the space next to the date the holiday is observed in the month.

Balance from the Excused Absence Hours Tracking sheet or 16 hours whichever is less: This field is to be used strictly as a reminder not to exceed the 16 hours per month limit or the 80 hours per rolling 12-month period. ~~For the first 12 months, it will be 16 until the 12-Month balance from the Excused Absence Tracking I form is less than 16.~~ For the rolling 12 month *period*, it will be the Report Month Limit on the Excused Absence Tracking **H** form or 16, whichever is less, for each report month.

Completion of the Total Columns for Component 1 and 2

11. **Attended:** No user entry allowed. For each component, Excel will automatically calculate the total hours attended based on the data that is entered by the user.
12. **Total Homework Hours:** This is applicable only to Educational activities (VOCT, JSTR, EDEM, and EDUC). See the instructions for "To Calculate the Amount of Homework Hours" below if the client is making satisfactory progress AND the school has given the amount of advised homework hours per hour of class time. The actual amount of supervised homework hours will only be entered here if the client is making satisfactory progress for the month and the school cannot give an advised amount of homework hours per hour of classtime.
13. **Total Attd and Hmwk Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended and homework hours based on the data that is entered by the user.

14. **Holiday Hours:** No user entry allowed. For each component, Excel will automatically calculate and enter the total holiday hours based on the data that is entered by the user.
15. **Total Att/Hol/Hmw Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended, holiday, and homework hours based on the data that is entered by the user.
16. **Total Countable Excused Hours (Exc Hrs):** The combined total number of countable excused hours for all components may be no more than 16 hours for any month. For this reason the **Excused Absence Tracking ~~I-or-H~~** form must be used in conjunction with this form. If the client participated in only one component during the month, enter the actual number of excused hours granted for that component for that month, up to 16 or the number in the 12 Month Balance on the Excused Absence Tracking ~~I-or-H~~ form (as appropriate), whichever is less. If the client participated in two or more components during the month and had excused absence hours for each component, beginning with the core component, enter the number of actual excused hours up to 16. If the actual excused hours in the core component are 16, enter 16 for that component and zero for all other components. If the actual excused hours in the core component are less than 16, enter the total number of actual excused hours for the core component first, then enter the actual excused hours for the other components until a total of 16 or the 12-month balance (whichever is less) is reached. Example: Client participated in CEMP, JOBR and JSTR during the month. She was granted 8 excused hours in CEMP, 4 in JOBR, and 8 in JSTR. Since CEMP is always countable as a core activity and JOBR may not be, enter 8 excused hours for the CEMP component first. This means there are up to 8 more hours that may be entered for the other two components. Therefore, if the JOBR hours are countable, enter 4 hours for JOBR and 4 hours for JSTR or if the JOBR hours are not countable, enter 8 hours for JSTR and zero hours for JOBR.
Excused absence hours should only be used as necessary to ensure the component is countable. Do not enter excused absence hours if the component is uncountable for any reason. If no hours were excused for any component, leave the spaces blank or enter zeros for all components. The number of countable excused hours should also be entered on the **Excused Absence Tracking ~~I-or-H~~** form and the **Client Participation Summary** for the month.
17. **Total Actual Monthly Hours (Hrs):** No user entry allowed. For each component, Excel will automatically add the hours attended, including holidays, homework, and countable excused absence hours and enter the total.
18. **Average Weekly Hours:** No user entry allowed. For each component, Excel will automatically divide the **Total Actual Monthly Hours** by 4.33 and enter the results.
19. **Total Component 1 or 2 to enter on ZD32:** No user entry allowed. Excel will automatically calculate these fields based on the information entered in the Total Comp 1 and Total Comp 2 fields. This data should be entered on ZD32 for the corresponding report month.

Completion of the Total Column for JOBR/JOBS and UJOB

(All fields in the UJOB column are automatically completed by Excel based on entries in the color-coded Att column and the Total Countable Monthly Hours and Total Countable Exc Hrs fields in the JOBR/JOBS column as stated below. No user entry is allowed in any of the fields in the UJOB column)

20. **Report Month Limit:** This field is applicable to the JOBR/JOBS column only. ~~For each month within the first 12-month period after October 2008, enter the 12 Mo Max Hrs (as shown for the first week in the corresponding report month) from the Job Readiness/Job Search Tracking I form.~~ For each month in a rolling 12-month period *thereafter*, enter the corresponding Report Month Limit from the 11-Month Calculation Worksheet.
21. **Attended:** No user entry allowed. Excel will automatically calculate the total hours attended in the JOBR/JOBS and UJOB columns based on the data that is entered by the user in the color-coded JOBR/JOBS/UJOB columns in the top section of the worksheet.

22. **Holiday Hours:** No user entry allowed. Excel will automatically calculate and enter the total holiday hours in the JOBR/JOBS column based on the data that is entered by the user. Holiday hours will always be zero in the UJOB Column.
23. **Total Att/Hol Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended and holiday hours in the JOBR/JOBS column based on the data that is entered by the user. For the UJOB column, Excel will enter attended hours only.
24. **Total Countable Monthly Hours:** For JOBR/JOBS, enter the total number of attended and holiday hours for all weeks in the month as stated in the instructions for “Calculating the Total Number of Countable Hours for Each Month” (*TCMHW*) on the Job Readiness/Job Search Tracking *I-or-H* form, ~~as appropriate~~. For UJOB, no entry is allowed in this field and this same field in the JOBR/JOBS column must also be blank or zero.
25. **Total Countable Exc Hrs:** For JOBR/JOBS, follow instructions above for the **Total Countable Excused Hours (Exc Hrs)** space (#16). Because of the limitation on the number of countable job readiness/job search hours during any 12 month period, always review the previous week’s ~~Adj 12 Mo Bal on the Job Readiness/Job Search Tracking I form or the~~ **Rpt Mo Balance** field for the last week of the report month on the Job Readiness/Job Search Tracking *H* form to determine if there are enough hours remaining in the 12-month period to be counted as excused absence hours. Do not enter more hours than are shown in that field. See instructions for completion of the ~~Subtr Ex Hrs or Add~~ **Exc Abs Hrs** field on the ~~appropriate~~ JOBR/JOBS Tracking *I-or-H* form for more guidance. For UJOB, no entry is allowed and this same field in the JOBR/JOBS column must also be blank or zero.
26. **Total Actual Monthly Hours (Hrs):** No user entry allowed. For JOBR/JOBS, Excel will automatically add **Total Countable Monthly Hours** and the **Total Countable Exc Hrs** and enter the total. For UJOB, Excel will enter the total attended hours only.
27. **Average Weekly Hours:** No user entry allowed. For JOBR/JOBS and UJOB, Excel will automatically divide the **Total Actual Monthly Hours** by 4.33 and enter the results.
28. **JOBR/JOBS Ttls to enter on ZD32 and UJOB Totals to enter on ZD32:** No user entry allowed. For JOBR/JOBS and UJOB, Excel will automatically enter the hours that should be entered on ZD32 in the Att, Exc, and Hol fields. Please note that no holiday or excused absence hours are entered for UJOB.

To Calculate the Amount of Homework Hours to Include

29. **Enter the Number of Homework Hours Per Class Hour:** *To use this section, the school MUST have verified an advised amount of homework time per individual class hour and the client must be making satisfactory progress. If the school cannot or has not given this number, you can only count actual homework hours reported by the client to the case manager supervising the attendance. See #12 above.*
 - a. **If the case manager is supervising the attendance** with daily contact, AND if the educational institution verified the number of advised homework hours, enter the number of homework hours advised by the school per hour of class time here. For example, if they advise 2 hours of homework per one hour of class time, enter “2”. **The number entered must represent the number of homework hours advised per every individual hour of class time, NOT the total number of homework hours advised per day, week or month.**
 - b. **If the school is supervising and verifying the attendance** and has provided a statement of advised hours, enter the number of advised hours per hour of class time or 1, whichever is less.
30. **Enter the Number of Weekly Scheduled Class Hours:** *Enter here the number of hours per week the client is scheduled to attend class.*
31. **Enter the Number of Weeks:** *Enter the number of weeks in this month that the client is scheduled to attend school. If the classes are in session for the whole month, enter 4.33. If the client begins or ends the quarter or semester in this month, only enter the number of weeks the client is scheduled to attend classes.*
32. **This number represents the Total Monthly Homework Hours:** *The number that is calculated and displayed in this cell is the total number of homework hours we can count for the month **if the client is***

making satisfactory progress. Enter this number in the cell under “Total Comp 1 or 2” in the grid above labeled “Total Hmwk Hrs”. If the client did not make satisfactory progress in the report month, ~~see #12 above~~—neither the attendance hours or the homework hours can be posted in FACETS.

Completion of the Weekly Average for the Month

33. **Total Monthly Component(s) Hours:** No user entry allowed. This number is the total number of hours in all components during the month. Excel will automatically calculate.
34. **Total Weekly Component Hours:** No user entry allowed. This is the **Total Monthly Component Hours** divided by 4.33. Excel will automatically calculate.
35. **Total Weekly Employment Hours:** Enter weekly employment hours from ZD11. If the client was not employed during the month, enter a zero. If the client has two or more jobs, i.e., there is more than one sequence of employment, enter the total weekly hours for all current jobs (ZD10 sequences) for which the hours have been verified.
36. **Total Combined Countable Weekly Hours (Wkly Hrs):** No user entry allowed. This is the **Total Weekly Component Hours** plus the **Total Weekly Employment Hours**. Excel will automatically calculate.

Distribution: Print a copy of the completed worksheet and place it in the client’s case record.

INSTRUCTIONS THE UNPAID HOURS COMPUTATION WORKSHEET

1. **Purpose:** The purpose of each worksheet is to document verified client participation hours in unpaid work activities during the month, determine the designated countable excused absence hours, and as a tool to automatically calculate the number of countable hours to be entered on ZD23 for each component for federal reporting purposes. It is to be completed in conjunction with the Excused Absence Tracking I and II and the Job Readiness/Job Search Tracking I and II forms. The worksheet may also be used for case management purposes as each completed worksheet is a quick reference for information on the client's overall participation, or lack thereof, for each month.
2. **General instructions:** An Excel file for each calendar year is created and placed in Appendix A on iDHR. Each file will contain tabs to a worksheet for each month in that year. The worksheet for the month needed may be copied to your H drive for data entry or data may be entered directly onto the form in Appendix A. However, iDHR will require any changes made to the form in Appendix A to be saved to your H drive. As data is entered on the worksheet, save it often so the information will not be lost. The worksheet is color coded by components and designed to document participation in JOBR/JOBS/UJOB and two other components on the same worksheet, i.e., the spaces to be completed for the first component is color coded yellow, the second component spaces are blue and the JOBR/JOBS/UJOB component spaces are green. There are also three pink spaces to be used to enter excused absence hours' balance, the Report Month Limit for JOBS/JOBR, and employment hours when calculating the total hours for the month.
When completing the worksheet in Excel, only spaces in the applicable colored highlighted areas are to be completed. For example, if the client is participating only in JOBR//JOBS/UJOB activities, entries should be made only in the green spaces at the top of the worksheet, the pink excused absence hours balance space, the pink space for Report Month Limit, and the green highlighted spaces in the Total JOBR/JOBS column. Excel will automatically compute the totals and fill in the spaces in white. No data should be entered in the white or gray shaded spaces.
3. **Case Name and Case #:** Enter the client's name and case #.

Completion of the Color-Coded Columns

4. **Comp 1 and 2:** Enter the name of the component activity in the space to the right of Comp 1, and 2, as appropriate. For the JOBR/JOBS/UJOB columns, see "5" below. **If the client is in more than three components during the month, notify the JOBS Policy/Automation Help Desk immediately as a special worksheet will have to be created for this situation.**
5. **JOBR/JOBS/UJOB:** These columns are to be used only for job readiness and job search activities. Because a week for job readiness and job search activities may not be a calendar week (as shown in the far left columns), seven spaces are provided in the left section of the column to enter each JOBR/JOBS/UJOB week. *A week of job search or job readiness begins with the first day the client starts the activity and continues for 7 days.* Entries should be made using the numeric month, a slash, and the numeric day, i.e., enter 02/02 or 2/2 for February 2. ***The date entered in the very first row should be the day the client actually begins the activity even if it occurs in the middle of the month or a week.*** Do not enter the year. The user may complete all seven spaces for each week by entering the numeric date for each day **or** the user may complete only the first and seventh space for each week by entering the numeric dates only for the first and last day of each week. The total attended and holiday hours for each week are also automatically calculated and entered in the far right column of this section. After the worksheet is complete for any job readiness or job search activity, print a copy of the worksheet and draw a circle around the appropriate code. If the activity changes from JOBR/JOBS to UJOB, print a copy of both worksheets (the original version showing JOBR/JOBS hours and the revised version showing UJOB hours), staple them together and file in the case record.
6. **Scheduled Hours (Sch):** (*JOBR/JOBS/UJOB ONLY*) Enter the number of daily scheduled participation hours in each (Sch) space that corresponds with the dates of the *week* the client is scheduled to attend the *job search/job readiness* component.

7. **Attended Hours (Att):** For each component, enter the actual hours attended in each **(Att)** space that corresponds with the dates of the month the client attended the component. Do not enter homework hours for educational components, as *the actual homework hours* are to be entered in the *Spv Hw* column. **A zero should be entered if the client did not attend but was scheduled to attend.** Hours should be entered upon receipt of or no later than three workdays of receiving verification of the client's participation hours. The total number of attendance hours in each component is automatically calculated and entered in the corresponding **Total** space at the bottom of each component section.
8. **Supervised Homework Hours (Spv Hw):** *For VOCT or EDUC components other than high school, enter the actual number of hours as reported by the client spent completing homework assignments or studying. You will only use the actual hours of homework if the client is making satisfactory progress AND you cannot get a statement from the educational institution of the number of advised homework hours. Otherwise this is for documentation purposes.*
9. **Excused Absence Hours (Exc):** For each component, enter the number of excused absence hours in each **(Exc)** space that corresponds with the dates of excused absence hours. Enter hours only if the client was scheduled to attend, was absent for any part of the scheduled hours, and the absence hours were excused. If none of the absence hours were excused, enter zeros in the spaces to indicate that none of the absence hours were excused. Excused absence hours should be entered on the worksheet after good cause has been granted for the absence hours. The total number of excused absence hours for each component will be automatically calculated and entered in the corresponding Total space at the bottom of each component section.
NOTE: It is important to remember that non-core hours are not counted unless the core hour requirement is met.
10. **Holiday Hours (Hol):** For each component, enter the number of holiday hours in each **(Hol)** space that corresponds with the date the client was allowed time off in observance of one of the state approved holidays. The total number of holiday hours for each component will be automatically calculated and entered in the corresponding Total space at the bottom of each component section. Beginning with January 2017, in the component 1 and 2 sections it will only be possible to enter holiday hours in the space next to the date the holiday is observed in the month. A statement has been added to the worksheets for the months of March, April, June, and August to remind staff that those months do not contain any allowable holiday hours.

Balance from the Excused Absence Hours Tracking sheet or 16 hours whichever is less: This field is to be used strictly as a reminder not to exceed the 16 hours per month limit or the 80 hours per rolling 12-month period. For the first 12 months, it will be 16 until the 12-Month balance from the Excused Absence Tracking I form is less than 16. For the rolling 12 months, it will be the Report Month Limit on the Excused Absence Tracking II form or 16, whichever is less, for each report month.

Completion of the Total Columns for Component 1 and 2

11. **Attended:** No user entry allowed. For each component, Excel will automatically calculate the total hours attended based on the data that is entered by the user.
12. **Total Homework Hours:** This is applicable only to Educational activities (VOCT, JSTR, EDEM, and EDUC). *See the instructions for "To Calculate the Amount of Homework Hours" below if the client is making satisfactory progress AND the school has given the amount of advised homework hours per hour of class time. The actual amount of supervised homework hours will only be entered here if the client is making satisfactory progress for the month and the school cannot give an advised amount of homework hours per hour of classtime.*
13. **Total Attd and Hmwk Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended and homework hours based on the data that is entered by the user.
14. **Holiday Hours:** No user entry allowed. For each component, Excel will automatically calculate and enter the total holiday hours based on the data that is entered by the user.

15. **Total Att/Hol/Hmw Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended, holiday, and homework hours based on the data that is entered by the user.
16. **Total Countable Excused Hours (Exc Hrs):** The combined total number of countable excused hours for all components may be no more than 16 hours for any month. For this reason the **Excused Absence Tracking I or II** form must be used in conjunction with this form. If the client participated in only one component during the month, enter the actual number of excused hours granted for that component for that month, up to 16 or the number in the 12 Month Balance on the Excused Absence Tracking I or II form (as appropriate), whichever is less. If the client participated in two or more components during the month and had excused absence hours for each component, beginning with the core component, enter the number of actual excused hours up to 16. If the actual excused hours in the core component are 16, enter 16 for that component and zero for all other components. If the actual excused hours in the core component are less than 16, enter the total number of actual excused hours for the core component first, then enter the actual excused hours for the other components until a total of 16 or the 12-month balance (whichever is less) is reached. Example: Client participated in CEMP, JOBR and JSTR during the month. She was granted 8 excused hours in CEMP, 4 in JOBR, and 8 in JSTR. Since CEMP is always countable as a core activity and JOBR may not be, enter 8 excused hours for the CEMP component first. This means there are up to 8 more hours that may be entered for the other two components. Therefore, if the JOBR hours are countable, enter 4 hours for JOBR and 4 hours for JSTR or if the JOBR hours are not countable, enter 8 hours for JSTR and zero hours for JOBR.
Excused absence hours should only be used as necessary to ensure the component is countable. Do not enter excused absence hours if the component is uncountable for any reason. If no hours were excused for any component, leave the spaces blank or enter zeros for all components. The number of countable excused hours should also be entered on the **Excused Absence Tracking I or II** form and the **Client Participation Summary** for the month.
17. **Total Actual Monthly Hours (Hrs):** No user entry allowed. For each component, Excel will automatically add the hours attended, including holidays, homework, and countable excused absence hours and enter the total.
18. **Average Weekly Hours:** No user entry allowed. For each component, Excel will automatically divide the **Total Actual Monthly Hours** by 4.33 and enter the results.
19. **Total Component 1 or 2 to enter on ZD32:** No user entry allowed. Excel will automatically calculate these fields based on the information entered in the Total Comp 1 and Total Comp 2 fields. This data should be entered on ZD32 for the corresponding report month.

Completion of the Total Column for JOBR/JOBS and UJOB

(All fields in the UJOB column are automatically completed by Excel based on entries in the color-coded Att column and the Total Countable Monthly Hours and Total Countable Exc Hrs fields in the JOBR/JOBS column as stated below. No user entry is allowed in any of the fields in the UJOB column)

20. **Report Month Limit:** This field is applicable to the JOBR/JOBS column only. For each month within the first 12-month period after October 2008, enter the 12 Mo Max Hrs (as shown for the first week in the corresponding report month) from the Job Readiness/Job Search Tracking I form. For each month in a rolling 12-month period thereafter, enter the corresponding Report Month Limit from the 11-Month Calculation Worksheet.
21. **Attended:** No user entry allowed. Excel will automatically calculate the total hours attended in the JOBR/JOBS and UJOB columns based on the data that is entered by the user in the color-coded JOBR/JOBS/UJOB columns in the top section of the worksheet.
22. **Holiday Hours:** No user entry allowed. Excel will automatically calculate and enter the total holiday hours in the JOBR/JOBS column based on the data that is entered by the user. Holiday hours will always be zero in the UJOB Column.
23. **Total Att/Hol Hrs:** No user entry allowed. Excel will automatically calculate and enter the total attended and holiday hours in the JOBR/JOBS column based on the data that is entered by the user. For the UJOB column, Excel will enter attended hours only.

24. **Total Countable Monthly Hours:** For JOBR/JOBS, enter the total number of attended and holiday hours for all weeks in the month as stated in the instructions for “Calculating the Total Number of Countable Hours for Each Month” on the Job Readiness/Job Search Tracking I or II form, as appropriate. For UJOB, no entry is allowed in this field and this same field in the JOBR/JOBS column must also be blank or zero.
25. **Total Countable Exc Hrs:** For JOBR/JOBS, follow instructions above for the **Total Countable Excused Hours (Exc Hrs)** space. Because of the limitation on the number of countable job readiness/job search hours during any 12 month period, always review the previous week’s **Adj 12 Mo Bal** on the Job Readiness/Job Search Tracking I form or the **Rpt Mo Balance** field for the last week of the report month on the Job Readiness/Job Search Tracking II form to determine if there are enough hours remaining in the 12-month period to be counted as excused absence hours. Do not enter more hours than are shown in that field. See instructions for completion of the **Subtr Ex Hrs** or **Add Exc Hrs** field on the appropriate JOBR/JOBS Tracking I or II form for more guidance. For UJOB, no entry is allowed and this same field in the JOBR/JOBS column must also be blank or zero.
26. **Total Actual Monthly Hours (Hrs):** No user entry allowed. For JOBR/JOBS, Excel will automatically add **Total Countable Monthly Hours** and the **Total Countable Exc Hrs** and enter the total. For UJOB, Excel will enter the total attended hours only.
27. **Average Weekly Hours:** No user entry allowed. For JOBR/JOBS and UJOB, Excel will automatically divide the **Total Actual Monthly Hours** by 4.33 and enter the results.
28. **JOBR/JOBS Ttls to enter on ZD32 and UJOB Totals to enter on ZD32:** No user entry allowed. For JOBR/JOBS and UJOB, Excel will automatically enter the hours that should be entered on ZD32 in the Att, Exc, and Hol fields. Please note that no holiday or excused absence hours are entered for UJOB.

To Calculate the Amount of Homework Hours to Include

29. **Enter the Number of Homework Hours Per Class Hour:** *To use this section, the school MUST have verified an advised amount of homework time per individual class hour and the client must be making satisfactory progress. If the school cannot or has not given this number, you can only count actual homework hours reported by the client to the case manager supervising the attendance. See #12 above.*
 - a. *If the case manager is supervising the attendance with daily contact, AND if the educational institution verified the number of advised homework hours, enter the number of homework hours advised by the school per hour of class time here. For example, if they advise 2 hours of homework per one hour of class time, enter “2”. The number entered must represent the number of homework hours advised per every individual hour of class time, NOT the total number of homework hours advised per day, week or month.*
 - b. *If the school is supervising and verifying the attendance and has provided a statement of advised hours, enter the number of advised hours per hour of class time or 1, whichever is less.*
30. **Enter the Number of Weekly Scheduled Class Hours:** *Enter here the number of hours per week the client is scheduled to attend class.*
31. **Enter the Number of Weeks:** *Enter the number of weeks in this month that the client is scheduled to attend school. If the classes are in session for the whole month, enter 4.33. If the client begins or ends the quarter or semester in this month, only enter the number of weeks the client is scheduled to attend classes.*
32. **This number represents the Total Monthly Homework Hours:** *The number that is calculated and displayed in this cell is the total number of homework hours we can count for the month **if the client is making satisfactory progress**. Enter this number in the cell under “Total Comp 1 or 2” in the grid above labeled “Total Hmwk Hrs”. If the client did not make satisfactory progress in the report month, see #12 above.*

Completion of the Weekly Average for the Month

33. **Total Monthly Component(s) Hours:** No user entry allowed. This number is the total number of hours in all components during the month. Excel will automatically calculate.

34. **Total Weekly Component Hours:** No user entry allowed. This is the **Total Monthly Component Hours** divided by 4.33. Excel will automatically calculate.
35. **Total Weekly Employment Hours:** Enter weekly employment hours from ZD11. If the client was not employed during the month, enter a zero. If the client has two or more jobs, i.e., there is more than one sequence of employment, enter the total weekly hours for all current jobs (ZD10 sequences) for which the hours have been verified.
36. **Total Combined Countable Weekly Hours (Wkly Hrs):** No user entry allowed. This is the **Total Weekly Component Hours** plus the **Total Weekly Employment Hours**. Excel will automatically calculate.

Distribution: Print a copy of the completed worksheet and place it in the client's case record.

Vocational Rehabilitation Service

ANDALUSIA

1082 Village Square Dr., Suite 1
36420 Tel. 334-222-4114
1-800-671-6833
FAX 334-427-1216

COUNTIES SERVED

Butler Covington
Coffee Crenshaw
Conecuh Pike

ANNISTON

1910 Coleman Road
36207 Tel. 256-240-8800
1-800-671-6834
FAX 256-231-4852

Calhoun
Cleburne
Randolph

BIRMINGHAM

Lakeshore Rehabilitation Facility
201 London Parkway, Suite 450
35211 Tel. 205-917-8400
1-800-441-7609
FAX 205-879-2685

Statewide

HOMEWOOD (Birmingham)

P.O. Box 19888
236 Goodwin Crest Drive
35209 Tel. 205-290-4400
1-800-671-6837
FAX 205-290-0486

Blount
Chilton
Jefferson
Shelby

COLUMBIANA

Community Services Building
P.O. Box 856 | 54 Kelley Lane
35051-0856 Tel. 205-669-3829

Shelby

DECATUR

621 Cherry Street, NE
P. O. Box 1686
35602 Tel. 256-353-2754
1-800-671-6838
FAX 256-351-2476

Cullman
Lawrence
Limestone
Morgan

DOTHAN

795 Ross Clark Circle, Ste 2
36303 Tel. 334-699-8600
1-800-275-0132
FAX 334-792-1783

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GADSDEN

1100 George Wallace Drive
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Fax: 256-543-1784

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3000 Johnson Road, SW
35805-5847 Tel. 256-650-1700
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FAX 256-650-1795

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Madison

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36545 Tel. 251-246-5708
1-800-671-6836
FAX 251-246-5224

COUNTIES SERVED

Choctaw
Clarke
Monroe
Washington

JASPER

4505 Highway 78 E, Suite 300
35501
P.O. Box 1052
35502 Tel. 205-221-7840
1-800-671-6841
FAX 205-221-1062

Marion
Walker
Winston

MOBILE

3101 International Drive, Building 7
36606 Tel. 251-479-8611
1-800-671-6842
FAX 251-478-2197

Baldwin
Choctaw
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MONTGOMERY

602 S. Lawrence St.
36104 Tel. 334-293-7500
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1615 Trojan Dr, Suite 2
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FAX 256-389-3149

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1-800-671-6835
FAX 334-749-8753

Chambers
Lee
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36067 Tel. 334-365-3154

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203 South Market Street
P.O. Box 296
35768-0296 Tel. 256-574-5813
1-800-418-8823
FAX 256-574-6033

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1-888-761-5995
FAX 334-877-3796

Dallas
Lowndes
Wilcox

More on back

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31 Arnold St.
 35160 Tel. 256-761-6800
 1-800-441-7592
 FAX 256-362-6387

COUNTIES SERVED

Clay
 Coosa
 Randolph
 St. Clair
 Talladega

TROY

110 Troy Plaza Street
 36081 Tel. 334-566-2491
 1-800-441-7608
 FAX 334-566-9415

Barbour
 Bullock
 Butler
 Crenshaw
 Pike

TUSCALOOSA

1400 James I. Harrison Jr. Pkwy, E
 Suite 300, 35405
 Tel. 205-554-1300
 1-800-331-5562
 FAX 205-554-1369

COUNTIES SERVED

Bibb Marengo
 Fayette Pickens
 Greene Sumter
 Hale Tuscaloosa
 Lamar

Perry (Blind/Deaf Services)
 Walker (Blind/Deaf & SAIL)

**STATE OFFICE****Vocational Rehabilitation Service**

Mailing: 602 S. Lawrence St. • Montgomery, AL 36104
 (334) 293-7500 • 1-800-441-7607 • TTY 1-800-499-1816
 FAX (334) 293-7371 • ADA Information 1-800-205-9986

www.rehab.alabama.gov/individuals-and-families/vocational-rehabilitation-service-general

VOCT Tracking Form

Name _____ Case # _____

Vocational Training

(Each client has a twelve month lifetime limit of countable vocational training)

Month/Year

ALABAMA DEPARTMENT OF REHABILITATION SERVICES
INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

Name: _____ SS#: _____

1. General Information

Plan Number: _____
Signature Start Date: _____ Expected End Date: _____
Plan Type: _____ Employment _____ RAVE _____ Self-Employment _____ Supported Employment
Custom Employment Goal: _____
(Custom goal converted to Standard Occupational Classification: TBD)

Reason(s) for Selecting Employment Goal: (Check all that apply)

- _____ I am currently doing this type of work
- _____ I am in a training program leading to this goal
- _____ I explored options and feel this is a good choice
- _____ I have a job offer to do this type of work
- _____ I have done this type of work before
- _____ I have received training in this area
- _____ It matches my interests, abilities, and strengths
- _____ The job outlook for this type of work is good
- _____ The reason for selecting the employment goal

2. Planned Services

1. Service: _____
Description: _____
My Chosen Provider: _____
Start Date: _____ End Date: _____
Funding Source: _____
Source of Comparable Benefits: _____
Comments: _____

2. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

3. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

4. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

5. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

6. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

7. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

8. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

9. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

10. Service: _____

Description: _____

My Chosen Provider: _____

Start Date: _____ End Date: _____

Funding Source: _____

Source of Comparable Benefits: _____

Comments: _____

Alabama Department of Rehabilitation Services
Individualized Plan for Employment

Participant:
Caseload:

SSN:

Source of Comparable Benefits: (Check all that apply)

_____ (Not Completed)	_____ Employment Security Office
_____ Employer Medical Insurance	_____ Family
_____ Medicaid	_____ Medicare
_____ Other	_____ PELL Grant
_____ Pending Litigation	_____ Private Insurance
_____ VA Grant	_____ VA Medical
_____ Workman's Comp.	

Other Comments: _____

3. Participant Responsibilities: (Check at least one new participant responsibility)

- I understand that it is my responsibility to complete this plan, and I will inform my counselor of changes or problems affecting my ability to do so.
- I will not quit my program or make any changes without contacting my counselor first.
- I will attend all scheduled meetings and appointments.
- I understand the importance of attendance and punctuality.
- I will report any address or telephone number change to my counselor immediately.
- I have a responsibility to return any equipment purchased for me by the agency if I no longer use it as planned.
- I will achieve satisfactory academic progress.
- I will apply for financial aid each academic year.
- I will consistently look for employment.
- I will cooperate with all job placement efforts.
- I will follow my treatment program.
- I will notify my counselor before changing majors.
- I will notify my counselor before dropping classes.
- I will notify my counselor upon getting a job.
- I will notify my counselor upon losing my job.
- I will notify my counselor of academic difficulty.
- I will present my term/semester grade report.
- I will take my medications as prescribed.
- I will use support services/accommodations.

OTHER:

- I will actively participate in and complete my chosen training program.
- I have a responsibility to return any tools purchased for me by ADRS if I no longer use them as planned.
- I will actively participate in an aftercare/recovery program and will provide documentation that I am attending meetings to my VR Counselor when requested.
- I understand that I must sign and return the receipt that accompanies any check or bus pass provided by ADRS. Failure to do so will result in a delay of future checks or bus passes.
- I understand that I must provide my VR Counselor with copies of my current federal tax return.
- _____
- _____

Alabama Department of Rehabilitation Services
Individualized Plan for Employment

Participant:
Caseload:

SSN:

4. Plan Documentation:

A. Criteria for evaluation of progress towards my (participant) employment goal:

B. Other Comments: _____

Alabama Department of Rehabilitation Services
Individualized Plan for Employment

Participant:
Caseload:

SSN:

5. Terms and Conditions:

Post-Employment Services:

I have been informed of the availability of post-employment services. An assessment of my need for post-employment services has been made. It is expected that I (will) (will not) need post-employment services.

Statement of Mutual Understanding:

This Individualized Plan for Employment (IPE) has been developed with my full participation and is based on the following statements, which I agree to and understand.

1. When circumstances beyond the control of Vocational Rehabilitation occur, this plan is subject to change.
2. I understand and accept my responsibilities to participate in the plan and make reasonable efforts on my own behalf to carry out the conditions of my plan. If I fail to carry out my responsibilities or otherwise it appears I no longer have a reasonable likelihood of achieving an employment goal, I will be declared ineligible for the services called for in my plan.
3. I will be consulted if it becomes necessary to take action changing my status from eligible to ineligible.
4. Services in this plan are provided without regard to sex, race, creed, disability, color, or national origin According to Title VI or the Civil Rights Act, and Sect. 504, Rehab Act of 1973 as amended in 1998 and the Americans with Disability Act of 1990.
5. It is understood that comparable benefits available to me through other agencies and private resources will be utilized toward my rehabilitation.
6. In case of a liability suit, which results in a favorable settlement for me, I agree to reimburse the State Rehabilitation Agency for services that have been provided under this plan.
7. I understand all personal information relating to me will be treated confidentially and will not be shared without My consent, except to rehabilitation professionals and providers who are part of my rehabilitation plan; when Required by Federal or State law, Judicial Order, or when necessary to protect me or someone else's safety.
8. If I am dissatisfied with any action related to the delivery or denial of rehabilitation services, I understand I have the opportunity:
 - a. To request an informal administrative review within ten (10) calendar days of the date of notice of the Action in question through the Unit Supervisor, at this address:
Supervisor: _____ **Phone:** _____
Address: _____

-
- b. If dissatisfied with the decision of the informal administrative review, I may request a formal hearing within fourteen (14) days of the receipt of the decision of the administrative review teach by submitting a written request for a hearing, addressed to the Commissioner of the Department of Rehabilitation Services, P. O. Box 4280, Montgomery, AL 36103-4280.
 - c. If I choose to forego the right to request an information administrative review, I may request a formal Hearing by submitting a written request for hearing addressed to the Commissioner, within fourteen (14) days of the action to the dissatisfaction of delivery or denial of rehabilitation services.