



David A. Paterson
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Hansell
Commissioner

RECEIVED APR 25 2008

April 9, 2008

Mr. Arthur Johnson
Commissioner
Broome County Department of Social Services
36-42 Main Street
Binghamton, New York 13905

Dear Commissioner Johnson:

I am pleased to inform you that your Temporary Assistance and Food Stamp Employment Plan for the period January 1, 2008 through December 31, 2009 is approved by the Office of Temporary and Disability Assistance (OTDA). A copy of your final plan is enclosed.

The plan will be made available to our Office of Administrative Hearings for use by administrative law judges when conducting employment-related fair hearings. Any amendments necessary to reflect changes to your district's policies or procedures that are covered by the plan must be submitted to your OTDA Employment Technical Advisor for approval.

We look forward to continuing our work over the next few years as we work to continually enhance employment services provided to low-income individuals so they are prepared to retain employment and access the array of work supports available in New York. As always, feel free to contact me or Barbara Guinn at (518) 486-6106 for any assistance to support your efforts.

Sincerely,

Russell Sykes
Deputy Commissioner
Center for Employment and Economic Supports

Enclosure

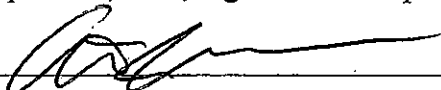
cc: Barbara Guinn
Marge Hergel
James Yonkers



Temporary Assistance and Food Stamps Employment Plan
January 1, 2008 – December 31, 2009

Section 1 Assurances/Signature

As a condition of the receipt of federal and State funds the Broome County Department of Social Services submits this Temporary Assistance and Food Stamp Employment Plan (Plan) to the New York State Office of Temporary and Disability Assistance. The Plan outlines the administration of the employment services for Temporary Assistance (TA) and Food Stamp (FS) applicants and recipients program for the period January 1, 2008 through December 31, 2009. As Commissioner of Broome County Department of Social Services, I hereby affirm that employment services programs will be administered in accordance with all applicable federal and State policies, laws, regulations and provisions of this plan.


 _____, Social Services Commissioner

Date: REVISION February 6, 2008

Section 2 Administration

Section 2.1 Administrative Structure

This agency's organizational chart is attached. It identifies the units and staff within the agency that are involved in the operation of the district's employment program.

Following is a description of the office(s) in and/or outside of the Department of Social Services that are involved in the operation of the district's employment program. The responsibilities of each office are described below.

The Welfare-to-Work Unit within the Temporary Assistance Division administers the WTW program. The Welfare to Work Unit located at the main office, administers WTW programs for TANF and Safety Net unemployable cases and a satellite office in the Workforce New York "One Stop Center" administers WTW programs for TANF and Safety Net employable cases.

The TANF and SN employable case WTW Unit is co-located with the CAP, TOP, Daycare, the Broome County Office of Employment and Training, and various NYS Department of Labor staff.

The total number of employees of the local Department of Social Services is 384.

Section 2.2 TA and FSET Provider Agencies

Table 1 lists the local contracts or agreements with agencies to provide employment services to TA and FS clients. These activities and services may include, but are not necessarily limited to, employability determinations, development of assessments and employment plans.

and grievance activities, provision of work activities, monitoring and support for compliance with treatment plans for exempt individuals with the potential for restoration to self-sufficiency, job development, job placement and retention services, and other employment related activities.

Each contract listed in Table 1 contains an assurance that the activities are not otherwise available from that provider on a non-reimbursable basis and, if not a performance-based contract, a statement regarding use of a cost allocation methodology that satisfies Generally Accepted Accounting Principles, as well as the requirements of U.S. Office of Management and Budget Circulars A-122 for nonprofit organizations, A-21 for educational institutions, or A-87 for State and local governments.

Agencies/providers that offer services to participants but which have no direct financial agreement with the district are included in Table 2 (e.g., Bridge, EDGE, OTDA Wage Subsidy, etc.).

TABLE 1 - Contracts Associated with Employment Programs and Services

Provider	Total Contract Cost (per yr.)	Funding Source(s)	Categories of Clients Served	Programs, Services or Activities Provided
ACCORD	Not to exceed \$10,000	SN & TANF	SN, SNF, TANF	Conciliation services
Broome County Mental Health	Not to exceed \$200,000	FFFS	SN, SNF, TANF	Substance Abuse assessment, evaluation, monitoring
Binghamton City School District	\$80,000	FFFS	SNF, TANF	EDGE program (TABE testing, alternative high school, GED, ESL, work experience
Star Group, Inc	\$57,965	FFFS	TANF, SNF	Assessment, employment plans and job development for work limited population
Star Group, Inc	\$43,642	FFFS	TANF, SNF	Development of work experience slots with placement and monitoring
Star group, Inc	\$77,432	Intensive Case Services for Non-complaint Families	TANF, SNF	Job development, job coaching, assist with home visiting for under engaged and non-compliant families
Star Group, Inc	Per case as billed	TANF, SNF	TANF, SNF	Employability/Disability review –monitor medical cases, assist with SSI application process
Industrial Medicine Associates (IMA)	Not to exceed \$10,000	TANF &, SN	TANF, SNF, SN	Physical exams, drug testing for work experience
Total	\$479,039			

TABLE 2 – Other Service Providers

Provider	Funding Source(s) (if known)	Categories of Clients Served	Programs, Services or Activities Provided
Broome Transit	DOT CST grant	TANF	Determine eligibility for bus passes, develop transportation plan with recipients, evaluate county bus routes/make recommendations for modifications of routes. Serve TANF up to 200% fpl
Family Enrichment Network	OTDA & DOL Wheels to Work grant	TANF, SNF	Assist and secure with low cost vehicle, vehicle loans, driver education training, vehicle insurance, maintenance instruction
Cornell Cooperative Extension	USDA FS E&T grant	FS	Nutrition education, job readiness preparation

Section 3 Engagement and Work Preparation

Section 3.1 Federal "Engaged in Work" Requirement (Reference 18 NYCRR 385.2 (f))

For purposes of satisfying the federal requirement which states that parents or caretakers must be engaged in work as soon the district determines they are ready, but no later than within 24 months of receiving federally funded assistance, the district's definition of "Engaged in Work" is:

Compliance with assessment, employment planning, any activity included in the individual's Employment/Self-Sufficiency plan, or any of the work activities listed in Section 3.4. Also included is pursuit of other forms of income such as SSI and SSD.

Section 3.2 Orientation (Reference 18 NYCRR 385.5)

Check one of the following:

The district provides orientation in accordance with Dept. Reg. 385.5 and no additional information is provided at orientation.

In addition to the requirements outlined in Section 385.5 of the regulations, the district's orientation provides the following.

TANF

- An overview of the financial benefits of paid employment.
- The individuals' responsibility to be working toward self-sufficiency, details about how additional activities may be assigned to those who are working part-time.
- Transitional Services including TOP,FHP, TBA FS, WERC
- Notification of core and non-core activities
- Childcare referral including FEN presentation
- Workforce NY workshops/Job fairs/Employer visits – services available to them at Workforce NY One-Stop
- JOBS staff Job search/Introduction to One-Stop resource room
- Star Group (subcontractor) overview of services
- VITA tax return services
- Information on child care in lieu of TA

Safety Net (in addition to all above with the exception of child care referral)

- Disability review coordinator
- Transitional Services to include WERC (non-custodial parent)

Described below is the manner in which the district completes the required orientation, e.g. done in a group setting or individually or a combination of both.

All applicants for Temporary Assistance participate in group orientation. Individuals who cannot attend group orientation are given an individual appointment.

At recertification, whether it is group or individual, the recipient is re-advised of employment expectations or requirements. The recipient is informed of all elements of NYCRR 385.5.

Section 3.3 Assessment and Employability Planning

Temporary Assistance Assessment (Reference 18 NYCRR 385.6 and 385.7)

a. Check one of the following:

The district conducts assessments in accordance with 18 NYCRR 385.6(a) and 385.7(a) with no additional requirements.

In addition to the requirements outlined in 18 NYCRR 385.6(a) and 385.7(a), the district's assessment also includes the following elements:

A labor market screening procedure that will be used to evaluate participants overall job readiness, and the presence of significant barriers to employment.

b. A copy of the assessment tool used by the district is attached. Additional assessment tool(s) used by the district is (are):

- Test of Adult Basic Education/Locator Test.
- Labor market screening.
- A variety of assessment tools including interest inventories, barrier identification, as well as others which are utilized as warranted.

c. The qualifications of the employees administering the assessment tool(s) are at minimum: (Refer to requirements listed in 18 NYCRR 385.6(c) and 385.7(c))

- Caseworkers in the Welfare to Work Unit must have a bachelor's degree.
- Contributors to assessment information will be staff from the OTDA JOBS, local city schools, BOCES or other educational providers, Mental Health Chemical Dependency Service Unit CASACs.

d. The district administrative unit or contractor responsible for conducting assessments is:

The DSS Welfare to Work Unit and the subcontractor, Star Group, Inc.

e. Applicants in households with dependent children are required to participate:

Yes No

Applicants in households without dependent children are required to participate:

Yes No

Food Stamps Assessment

A district may require a food stamp work registrant to participate in an assessment.

a. The district does does not require work registrants to participate in a formal employment assessment.

b. If assessment is required, the assessment includes the following elements:

Educational and basic skills level, prior work experience/skills, and circumstances as they relate to Workfare participation.

Temporary Assistance Employability Plans (Reference 18 NYCRR 385.6(b) and 385.7(b))

a. A copy of the district's employability plan is attached and:

The district completes employment plans in accordance with 18 NYCRR 385.6(b) and 385.7(b) and no additional information is contained in the plan.

In addition to the requirements outlined in 18 NYCRR 385.6(b) and 385.7(b), the employability plan includes:

- Education testing and evaluations, as warranted.
- Job service registration.
- Referral to the Transitional Opportunities Program for individuals who are employed.

b. The district administrative unit or contractor that develops employability plans is (list only if different from those performing assessments):

N/A

c. The qualifications of the employees developing employability plans are (list only if different from the requirements for those performing assessments):

N/A

Section 3.4 –Participation Rates and Work Activities (Reference 18 NYCRR 385.8 and 385.9)

a. Described below is how the district plans to meet federal and State Temporary Assistance participation rate requirements. Included is the typical time period it takes for nonexempt individuals to be engaged in activities for both newly opened cases and individuals whose status changes from exempt to nonexempt. Information regarding engaging exempt individuals is entered in Section 3.6

SNA applicants are engaged in Job Search and Job Club orientation while the application is still pending.

TANF and SNF applicants are engaged in Job Readiness Training within 7 days of orientation. All meet with OTDA JOBS staff for potential job placement and enrollment in supervised job search immediately following Job Readiness Training.

TANF and SNF with children under 6 are required to participate 30 hours per week. TANF and SNF with children over 6 are required to participate 30 hours per week. SNA individuals are required to participate 35 hours per week unless they are engaged in work experience. Those SNA individuals are then required to participate in the maximum number of hours and in a 20 contact per week job search.








TANF, SNF and SNA individuals whose status changes from exempt to non-exempt are engaged in an activity within 21 days of status change. This change involves a new assessment requiring 10 day notice, new employment plan development, day care arrangements, and arranging and scheduling of the job activity.

b. The allowable work activities that are available in the social services district are listed and defined as follows. An “X” in the appropriate column indicates the activity is available for individuals receiving FA, SNF (indicating SN households with children or Safety Net Families), SNA, (SN households without children), and/or FS (indicating NTA Food Stamp).









If a column is blank it indicates that the activity is not available for that household/case type.

FA	SNF	SNA	FS	Activity	Definition
X	X	X	X	Unsubsidized Employment	Full time or part time employment in the public or private sector that is not subsidized by TANF or any other public program (excluding employer tax credits). Unsubsidized employment includes self employment and/or paid internships.

X	X	X	Subsidized Private Sector Employment	<p>Employment in the private sector for which the employer receives a subsidy from TANF or other public funds (excluding tax credits) to offset some or all of the wages and costs of employing and training a recipient in accordance with New York State Social Services Law 336-e. Subsidized private sector employment will include positions subsidized through grant diversion, supported employment programs, and paid college work study programs at private institutions. Individuals participating in subsidized private sector employment are paid wages and receive the same benefits as unsubsidized employees who perform similar work. An employment situation will be subsidized for up to the full amount of wages/benefits provided to the program participant and will be subsidized for the length of time as determined appropriate by the State or social services district.</p>
X	X	X	Subsidized Public Sector Employment	<p>Employment in the public sector for which the employer receives a subsidy from TANF or other public funds (excluding tax credits) to offset some or all of the wages and costs of employing and training a recipient. Subsidized public sector employment will include positions subsidized through grant diversion, supported employment programs, and paid college work study programs at public institutions. Individuals participating in subsidized public sector employment, and work study unless otherwise permitted under a federal work study program, are paid wages and receive the same benefits as unsubsidized employees who perform similar work. An employment situation will be subsidized for up to the full amount of wages/benefits provided to the program participant and will be subsidized for the length of time as determined appropriate by the State or social services district.</p>

   	<p>Work Experience</p>	<p>Unpaid work performed at a public or not for profit organization to enable participants who cannot find unsubsidized employment to improve his or her employability. Work experience provides participants with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain and retain employment. Participation in work experience includes training required for the participant to complete the work experience assignment. For example, an individual who is expected to provide clerical support in a government agency may be provided training to develop or refine filing and data entry skills as needed to perform the tasks required as part of the work activity assignment.</p> <p>In addition to those components noted above, work experience will include unpaid internships that are part of any non-graduate student's education curriculum. (Note: Paid internships will be reported as employment.)</p>
  	<p>On-the-Job Training (OJT)</p>	<p>Training in a public or private sector employment setting during which the participant receives work-essential paid training while he or she is engaged in productive work that provides the knowledge and skills essential to attain full and adequate performance of the job.</p> <p>OJT will be unsubsidized (for which the employer does not receive a subsidy) or subsidized using TANF funds or other funds to offset the cost of the training provided to the participant. A subsidized OJT will be subsidized for up to the full cost of providing such training and wages/benefits provided to the program participant. Positions will be subsidized for the length of time determined appropriate by the State or social services district. OJT is distinct from subsidized employment due to the fact that the individual must participate in workplace training to attain full and adequate job performance and the subsidy provided is intended to offset the cost of such training.</p>

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Community Service</p> <p>A structured program in which participants perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service placements must be projects that serve a useful community purpose in fields such as health, social services, environmental protection, education, urban and rural redevelopment, welfare, public recreation, public facilities, public safety, and childcare. Community Service programs are designed to improve the employability of participants not otherwise able to obtain unsubsidized employment. Participation in community service may include training that is directly required for the participant to complete the community service assignment. For example, an individual who is expected to provide clerical support to a food pantry may be provided training to develop or refine filing and data entry skills.</p> <p>Community service assignments will primarily be voluntary in nature including participation in VISTA, Americorps, and unpaid volunteer activities at a school, Head Start programs, religious or faith-based institutions, community organizations or a nonprofit or public agency but will also include such mandated participation when court ordered. Participation in activities to support these organizations is deemed to provide a service to the community. In those instances where the participation could meet the federal definition of work experience or community service and the district or program provider would like to have another recipient provide childcare for the community service individual, such hours of work may be reported as participation in community service.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Job Search</p> <p>The act of seeking or obtaining employment or preparing to seek or obtain employment and will include looking for suitable job openings in a group or individual setting, making contact with potential employers, learning appropriate workplace expectations and behaviors in preparation for submitting job applications and interviewing, preparing to or applying for and/or interviewing for jobs and related activities.</p>

				<p>Job Readiness Training (JRT)</p>	<p>Participation in programs that include seeking and preparing for work. Traditional JRT activities will include: resume preparation, training in interview skills, instruction in workplace expectations, training in effective job seeking, life skills essential to workplace success, time management, goal setting, budgeting, basic math and literacy skills, household management, interpersonal skills, decision making skills, anger management, parenting skills when it has been determined that such training could help reduce unplanned work leave or apprehension toward entering employment.</p>
				<p>Vocational Education</p>	<p>Vocational education is defined as an organized educational program that directly relates to the preparation of individuals for current or emerging occupations that require training other than a baccalaureate or advanced degree. Vocational education does not generally include basic or remedial education or ESL, but may include work focused general education and language instruction that is a regular or integral part of a vocational education program. Social services districts are responsible for ensuring that any such remedial education or ESL is a regular part of the program for participants with similar skill sets as the TANF/SN MOE client, is determined necessary by the program provider, and is limited in hours to less than one-half of program participation. Vocational education programs include the completion of activities that provide individuals the knowledge and skills to perform a specific trade, occupation or vocation. Vocational education must be provided by an education or training organization.</p>

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Job Skills Training</p>	<p>Training or education in job skills to improve a participant's employability, to ensure clients have the basic skills competencies required by employers to support job entry and/or to advance or adapt to the changing demands of the workplace. Where identified as needed such training may include the development of basic workplace skills including professional workplace behaviors and decision making skills. Job skills training may include customized or technical training designed to provide participants with additional workplace skills, post secondary education courses leading to a bachelor's or other advanced degree or other training included under the definition of vocational education training. Job skills training may include literacy instruction, English language instruction or other basic education for an individual who has already obtained a high school diploma or equivalency when determined from a client's assessment that such instruction is needed to improve the participant's employability.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Education Training</p>	<p>Education directly related to employment for a recipient who has not received a high school diploma or equivalency must be related to a specific occupation, job or job offer or otherwise determined based on a client assessment as necessary to improve the participant's employability to support job entry, retention or advancement. Education directly related to employment may include courses designed to provide the knowledge and skills for general or specific occupations or work settings to ensure clients have the basic skills competencies required by employers and may also include adult basic education, English language instruction and education leading to a GED or HS equivalency diploma as determined as necessary to improve the participant's job opportunities in potential occupations. Where identified as needed such training may include the development of basic workplace skills including professional workplace behaviors and decision making skills.</p>

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Secondary School	Regular attendance in accordance with the requirements of the secondary school or a course of study at a secondary school leading to a general equivalence diploma (GED), in the case of a recipient who has not completed secondary school or received a certificate of general equivalence. Secondary school participation may include general adult basic education or ESL if it is linked to attending secondary school or leading to a GED as determined necessary by the educational institution. Secondary School or GED programs that routinely include ESL, career training, alternative school, tutoring, dropout prevention, teen pregnancy or parenting programs as a requirement of program participation as determined by the educational institution will also be permitted.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Provision of Childcare for Individual Participating in Community Service	Providing unpaid child care to enable another Temporary Assistance (TANF/MOE funded) recipient to participate in a community service program.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment Plan for Substance Abuse	Substance Abuse treatment will include medical, behavioral and other treatment necessary for individuals suffering from substance abuse (current and former users) with such required treatment ranging from detoxification services to after care/abstinence maintenance. For FA families with dependant children this activity will be deemed to be Job Readiness Training within participation rate reporting. For SN households without children this activity will be deemed to be community service.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment Plan Other than Substance Abuse	Physical health treatment and rehabilitation services including attending necessary physical therapy, mental health treatment, or rehabilitation activities in which a qualified medical or mental health professional has certified that such treatment is necessary. For FA families with dependant children this activity will be deemed to be Job Readiness Training within participation rate reporting. For SN households without children this activity will be deemed to be community service.
			Other	Any work activity that does not meet the criteria of any of the above countable activities constitutes participation that is not countable toward federal and state participation rates.

Local District Job Search Procedures:

The district assigns Temporary Assistance applicants to Job Search. Yes No

If yes, please describe the local district procedure for TA Applicant Job Search, including the generally required number of job search contacts and hours per week assigned. Also include a description of how often applicants are generally required to report job search outcomes and if activities other than job search are routinely expected of TA applicants during the application period.

TANF Applicants

Individual appointments weekly with JOBS staff for duration of customer's SJS in addition to:

- Group SJS once weekly
- 30 hours of job search activities weekly- with the expectation of 20 job contacts during this period
- Job logs submitted at weekly SJS group

SNA applicants

Individual appointments weekly with JOBS staff for duration of customer's SJS in addition to:

- Intensive SN project applicants individual appointments once weekly and group SJS twice weekly
- All other SN employable applicants weekly SJS individual appointments
- 35 hours of job search activities-with the expectation of 20 job contacts during this time
- job logs submitted weekly

The district assigns TA recipients to Job Search Yes No

Exceptions are made on a case by case basis if recipients are co-enrolled in other activities or if extraordinary circumstances exist.

If yes, please describe the local district procedures for TA Job Search, including the required number of job search contacts and hours per week assigned. Also include a description of how often recipients are generally required to report job search outcomes.

Same as above for applicants

Section 3.5 Job Development

Yes No The district conducts or receives job development activities to expand job opportunities for TA and FS clients, either directly or by contract or agreement.

If yes, the district participates in job development activities in the following manner:

District staff contact employers to solicit jobs for Temporary Assistance participants. Below is the description of how this is done, including number of staff, frequency of contacts, etc:

Broome County Social Services employs one job developer who serves as a member of the Business Service Team in conjunction with DOL. Potential and current employers are contacted by e-mail, telephone, and in person on an as needed basis. Employers are contacted through job fairs and individual employer visits in the One-Stop resource room. On the job training contracts and tax incentives are offered.

District contracts or has an agreement with another agency to contact employers and solicit jobs for Temporary Assistance participants. Below is the description of how this is done, including number of staff, frequency of contacts, etc.

The Star group, Inc has two staff members who work with work limited, sanctioned and under engaged TANF populations. Incentives such as on the job training contract and tax incentives are offered.

Broome County Mental Health has two vocational counselors who act as job developers for clients with mental health issues for our Safety Net population.

Jobs Program staff are charged with job development as indicated in Section 2.3. Additional information, if any, is described below:

Section 3.6 Training Approval & Activity Enrollment Policy (Reference 18 NYCRR 385.9)

- a. Describe how the district identifies/provides appropriate education (Adult Basic Education, GED preparation), and English language instruction, program services that are available to clients whose assessment indicates such services would be an appropriate work activity assignment:

Services listed are provided through EDGE contract with Binghamton City School district through FFFS funding. Participants are identified by the WTW Caseworker through interview and assessment process, TABE test scores and clients request

- b. Describe how the district identifies/provides appropriate Vocational Education and Job Skills programs that are available to clients whose assessment indicates such services would be an appropriate work activity assignment:

Through assessment process, client interviews, review of client employment history. Caseworker refers to Broome County WIA staff who provide "Job Zone" and "Prove It" software testing. In addition to adult basic education and GED preparation, EDGE services include vocational education, job skills and work experience

- c. OTDA is requesting each district to increase the number of vocational training or job skills enrollments by at least 20 percent by January 2009 (generally as compared to September 2007) as one method to increase the skill development of recipients to support improved job entries.

Describe what steps the district will take to increase the number of participants engaged in vocational education and job skills training programs. Such steps may include increased use of contracted services through local training providers, including WIA funded services, or use of OTDA funded Bridge or EDGE training programs. Districts should consider additional blending of activities such as work experience or employment with job skills training in fields that would improve participants' ability to obtain employment or increase wages or hours of employment.

To increase our vocational education and job skills training program participants by the recommended 20% we will discuss training options with all appropriate recipients at assessment. WIA staff will discuss short term training and vocational education opportunities at the weekly orientations. We will begin engaging the disabled and the non-compliant population in training and education. Notices will be mailed to these populations informing them of the training available.

- d. Education and training providers are evaluated by the following standards:

Broome County will evaluate their educational/training providers by their abilities to:

- Cooperate in the implementation of the Broome County policy with regard to enrollment of Temporary Assistance recipients.
- Notify the Department's designated staff upon the application for admission of any recipient of Temporary Assistance.
- Provide the WTW staff with all available and relevant information upon which to determine individual approval.
- Demonstrate relevancy and effectiveness of training.

- Request approval for enrollment of Temporary Assistance clientele for each program offered to such individuals, using a form approved by the Broome County Department of Social Services.
- Consent to a pre-arranged monitoring schedule and provide the WTW staff with necessary information to evaluate continuing support and approval of programs and enrolments, on a timely basis.
- Name staff who may be available to work with Broome County DSS liaisons to facilitate approval and/or monitoring functions.
- Submit monthly attendance reports and quarterly reports for all approved programs, on a timely basis.

e. The district procedure for advising participants of the approved training providers is:

The information is given during the assessment process or upon request.

f. Participants must meet the following requirements in order to be assigned to education/training activities:

Temporary Assistance and Safety Net recipient's enrollments in education or training programs must be approved by the Department's designated staff. The criteria upon which decisions to approve or disapprove shall be consistently applied to each person's circumstances. Those factors to be included are:

Current Abilities: The individual's ability to reasonably compete for existing jobs, which would reduce or eliminate dependency, without training/education. The current labor market will be considered, work history and skill level in trades or occupations will also be evaluated.

Training Record: The amount and type of prior training the individual has had will be evaluated in conjunction with his/her performance. Past training is an indicator of a) whether the individual will seriously pursue future training opportunities; and b) whether there has been sufficient prior training to qualify the individual for existing local job opportunities. Training may not be re-approved after termination without good cause. The Broome County Department of Social Services Welfare-to-Work Unit shall be responsible for determining good cause and re-approvals.

Educational Level: The individual must possess the prerequisite skills for participation in the program or receive approval to obtain such necessary skills through remedial education as part of an overall plan for self-support. For post-secondary education the individual must have a high school diploma or high school equivalency diploma prior to enrollment and *reading and math scores of 10.9 based on TABE results. Special consideration will be made for individuals with an IEP diploma.

Aptitude: The individual's aptitude and ability to benefit from the program as determined in a consistent and reasonable manner, through an evaluation of past work/training performance, counseling and testing.

Enrollment Level: Approval will be dependent upon full time enrollment governed by the vocational training institution. For post-secondary institutions, full time shall be governed by a capacity participation. Individuals who are not participating full time or to capacity will not be eligible for continued approval. The department will be responsible for evaluating extenuating circumstances that prohibit full time enrollment, and will make decisions regarding ongoing approval based on such circumstances.

For participants who are recipients of TANF, program approval will also be dependent upon the extent to which the combined classroom activities and other structured TANF activities total 35 hours per week. For Safety Net clients, activities listed in this section are in addition to countable activities and job search requirements.

Academic Progress: Continued approval will be based upon academic performance. The department will adhere to the institution's policy of standards for academic progress. For post-secondary education, academic performance and progress will be evaluated on a semester-to-semester basis.

Assessment: For receipt of supportive services while in vocational training, an assessment must be completed prior to the beginning of the training period. For post-secondary institutions, a semester constitutes a training period.

Self-Initiated Training: Individuals who are self-initiated may not be entitled to supportive services during their current training period (i.e. semester). Self-initiated individuals in post-secondary education may be reviewed for receipt of supported services in subsequent semesters. Standards for evaluation will be based upon current abilities, program participation and satisfactory performance. Additional standards for approval will be consistent with agency-initiated training. For self-initiated training. Other than post-secondary, assessment for supportive services will be considered on a case-by-case basis.

- g. The district procedure for notifying participants of approval for training or enrollment in a work activity is:

Through a detailed letter that clearly outlines requirements that the student must meet in order to remain in their approved course of training.

Students who have not been approved also receive a letter that details the justification for the decision not to approve training. Information in regards to a Fair Hearing request is also included.

- h. In accordance with 18 NYCRR 385.9 (b), regardless of whether the college program is approved for the participant as an employment work activity, the district will approve as a work activity a work-study, internship, externship or other work placement that is part of a non-graduate student’s curriculum unless one or more of the following conditions applies as check below:

It has been determined that the student voluntarily quit a job or reduced earnings to qualify for initial or increased Public Assistance.

A job or on-the-job training position that is comparable to the work-study, internship, externship or other work placement cannot reasonably be expected to exist in the private, public or not-for-profit sector

The student is not maintaining a cumulative C average (or the equivalent). The district may disregard this provision if the student documents an undue hardship.

Failure of the institution or student to monitor and report information regarding the student’s attendance and performance as required.

Failure of the student to progress toward the completion of a course of study without good cause, as determined by the district.

The student has previously enrolled in a work-study, internship, or other work placement and failed to complete the work placement without good cause as determined by the district.

Additional reasons as stated below:

N/A

- i. In order to verify continued exempt status, the local district will monitor the high school attendance of 16-18 year old students in the following manner:

At 6 month assessment WTW CW will obtain information and verify attendance.

- j. The district’s procedure for ensuring that an individual’s health-related limitations are accommodated when assigning the individual to a work activity is:

Utilizing medical documentation listing limitations from a certified health practitioner in determining work activity assignment and provide information regarding limitations in writing with activity provider supervisor.

Assignments will be consistent with the individual’s mental and/or physical limitations.

Section 3.7 Work Verification

Consistent with Work Verification Plan (WVP) requirements established by the United States Department of Health and Human Services, districts must develop a quality assurance plan for

addressing the work participation rate it reports. The plan must include the district's procedure for monitoring attendance in paid employment and work activities and the controls in place to ensure that federal exclusions from work participation rate requirements are accurately made, work eligible individuals are correctly identified, hours of attendance reported by providers is accurate and documented, data entry is accurate and that the district and its providers adhere to approved district and State policy for work activity definitions and the determination of excused absences and holiday reporting. Districts must describe how it will determine that system entries agree with documentation in case files. The district must also explain how it will sample cases, the sample size, and how frequently cases will be reviewed.

After the reviews are completed, the district should provide a summary of findings for management and State review, including errors identified. In addition, the district must include the corrective action it will take when monitoring reveals substantial problems.

The Quality Assurance plan must explain how staff will:

- Assure that documentation of wages and actual hours of employment are verified and accurately projected/reported and present in the case file;
- Assure that the documentation for actual hours, supervision/attendance, excused absences and holidays in other activities is present in the case file;
- Assess whether participation in the work activities reported for work eligible individuals meet the federal definition for the activity;
- Assess that the data entered into either WTCMS, NYCWAY or other automated system used for reporting work activities is accurate, including actual hours, excused absences and holidays; and is based on documentation in the case record; and,
- Make sure that documentation necessary to exempt an individual due to being the caretaker of a disabled household member (Employability Code 38) is present in the case file and that individuals meet the exempt status based on the required documentation.

Please describe the process the district will use to review district worker collected documentation and data entry of the above listed elements (include a description of how a case sample for review will be selected, sample size and frequency of reviews):

**Broome County
Quality Assurance Plan**

Broome County will perform a random sample of 15 cases per quarter for paid work activities. Both the temporary assistance and employment case files will be reviewed. Hours of employment will be verified through receipt of pay stubs, employer verification forms, and direct phone contact with the employer documented in case notes. The

review will ensure the hours of employment on the ABEL budget are consistent with the hours reported on WTWCMS and documentation is in the file to support hours reported on WTWCMS and that the scheduled hours on WTWCMS is consistent with the documentation.

Broome County will perform a random sample of 25 cases per quarter for participation in unpaid work activities. The employment case files will be reviewed. Actual hours of attendance will be documented by attendance sheets showing actual hours of attendance, any excused absences during the month, any unexcused absences during the month, and holiday time. The review will ensure the actual hours of attendance reported on the monthly attendance sheets has been correctly reported on WTWCMS, excused absences and holiday time are documented in the case file and correctly reported on WTWCMS in accordance with federal limitations, and that documentation of actual hours of attendance is accurate and matches the hours of participation reported on WTWCMS by district or provider staff.

Broome County will perform a random sample of 5 cases per quarter in which a case member is reported as an employability code 38-needed in the home fulltime to care for a disabled household member. The temporary assistance case file will be reviewed to ensure there is presence of medical documentation to support the exemption and that the documentation has a timeframe for the exemption and that the individual is the appropriate caretaker.

Broome County will perform a random sample of 5 cases per quarter in which a case member is reported as an employability code 31-caretaker of a child under the age of 12 months. The temporary assistance case file will be reviewed to ensure there is a birth certificate present to verify the child under the age of one.

Broome County will perform a random sample of 20 cases per quarter in which a case member is reported to be incapacitated to determine if s/he remains incapacitated or is now a work eligible person. The temporary assistance case file will be reviewed to ensure there is presence of medical documentation to support the exemption and that the documentation has a timeframe for the exemption.

The district will assess and verify that participation in the work activities meets the State approved definition for the activity.

A summary/management report will be written and submitted to Kathy.Nagi@otda.state.ny.us after the review is completed. The report will be sent to the Senior Employment Coordinator who is responsible for follow-up to ensure appropriate action is taken to correct all errors noted. Any trends or multiple errors will be addressed through an educational training for all WTW and TA staff involved.

Please describe the process the district will use to review provider collected documentation and data entry of the above listed elements (include a description of how a case sample for review will be selected, sample size and frequency of reviews):

All cases, including those assigned to providers, will be included on the master list before a random sample is drawn. We currently review provider cases on a regular basis as part of our monthly participation rate review used to determine cases which need immediate attention for counting in the participation rate.

Section 3.8 Requirements for Exempt Temporary Assistance Participants (Reference 18 NYCRR 385.2 (e))

An exempt individual who has the potential to be restored to self-sufficiency through rehabilitation may be required to accept medical care to assist the individual in recovering from a mental or physical impairment, accept referral to and enrollment in a program of vocational rehabilitation, training, and/or other essential rehabilitation, and provide requested evidence that he/she is participating in the assigned program.

- a. Following is the district's procedure for determining if a disabled individual has the potential to be restored to self-sufficiency. This determination is different from the determination of the individual's disability exemption as covered in Section 6 of this plan. Included here is who (e.g. physician, employment worker, Temporary Assistance worker, local review team, etc.) makes or assists in this determination that an individual can restore or improve employability through treatment or other rehabilitative activities. Also included is the source and type of information used to make the determination (e.g. information from individual's physician, district contracted provider, specialist evaluation obtained as result of district referral, etc.):

TANF cases are referred to an independent review team (Star Group, Inc.), who makes a determination on the extent of the disability through independent medical evaluations and functional capacity testing, and direct contact with physicians. Star Group staff includes two nurses who work closely with physicians and specialists' offices.

Safety Net cases are referred to the Department's Medical Services Unit for independent medical evaluations and functional capacity testing as warranted.

The Department issues the appropriate (LDSS 4005 or LDSS 4005A - Notification of Temporary Assistance Work Requirements) upon receipt and review of medical evaluations.

The independent review team (Star Group, Inc.) case manages individuals in coordination with WTW case workers.

- b. Following is the district's procedure for developing a treatment plan and for referring the participant to appropriate treatment, etc.:

Upon completion of medical evaluations and functional capacity testing, plans are developed by the independent review team and the Medical Services Unit in coordination with the WTW staff.

Referrals for treatment to the appropriate providers will be generated through this coordinated effort.

- c. Following is the district's procedure for tracking the participant's compliance with the treatment plan. Include if monthly attendance at rehabilitation is received, etc.:

The Department has established a process with treatment providers to verify attendance in compliance through telephone contact, written attendance and progress reports. The Department contracts with Broome County Mental Health Chemical Dependency Services Unit to monitor and track attendance and progress reports with provider agencies for substance abuse. The Star

Group monitors attendance and tracks progress for medical and psychiatric disabilities. Attendance is monitored on a monthly basis.

Section 3.9 Strategies/Procedures for Increasing Program Attendance

Describe district policies and/or procedures in place to reduce the amount of time participants fail to participate in work activities, including absences that are with good cause.

- Stronger education on importance and necessity of good attendance at applicant orientation
- Specify benefits of full participation -job references for resume
- Monthly case management with clients – checking on all aspects of addressing barriers and achieving self sufficiency.
- Individual home checks to reiterate the importance and necessity of full participation

Section 3.10 Strategies/Procedures for Engaging Sanctioned Temporary Assistance Participants

District has no specific strategies to engage sanctioned participants.

District attempts to engage sanctioned participants as soon as they are sanctioned using the following strategies:

District attempts to engage sanctioned participants when the durational period of the sanction is completed using the following strategies:

District attempts to engage sanctioned participants during different times in the sanction period using the following strategies:

District uses Intensive Case Management Services grant funds to engage sanctioned individuals. Cases are called in for eligibility review, benefits of compliance are explained, opportunity is allowed for full compliance. Home visits are conducted, intensive case management services are incorporated for those that choose to comply. We are currently working with cases that have been sanctioned the longest and working up to the more recent sanctioned cases.

Section 3.11 Diversion Strategies

District has no specific diversion strategies.

District’s diversion strategies are described below:

As part of the pre-screening for eligible employable Safety Net applicants, the Department requires a contact with temporary employment agencies. Verification of the contact must be provided.

JOBS staff registers TANF and SN individuals and provides job leads during the application stage.

Section 4 Support Services (Reference 18 NYCRR 385.4)

Section 4.1 For Temporary Assistance Applicants and Recipients in Work Activities

- a. The social services district will provide childcare in accordance with the childcare section of the district's Child and Family County Services Plan. The district will also provide to participants the following expenses which the district deems necessary for the individual to participate in orientation, assessment, employment planning, work activities and activities to restore self-sufficiency:

All supportive Services listed on Appendix III

- b. The district will use the following approach to assist those participants who need transportation to and from a work activity site (including any applicable mileage reimbursement rate and the method used by the district to arrive at that reimbursement rate):

Broome County will reimburse recipients with their own vehicles the County established mileage reimbursement rate of \$.44.5/mile. We also provide daily bus tokens and monthly bus passes. The Transportation Service Coordinator, available through the Community Solutions for Transportation grant, is housed at our One-Stop Center with the WTW staff. The Coordinator meets one-on-one with recipients to educate and advise them on the use of the Broome County Transit system. He also assists recipients in planning out their bus route.

- c. The district will use the following approach for those individuals who reside in an area where public transportation is not available. In those instances where the district would require a participant to walk to a work activity assignment, please identify the maximum distance the client would be expected to walk, along with a rationale for the maximum distance:

Individuals are not required to walk more than one mile to a work activity site. This is comparable to the distance students in local school districts are required to walk to school. We are able to purchase bicycles for transportation when appropriate. Broome Transit also has a rural bus available.

In all instances individuals with limitations will be accommodated.

- d. The district will provide the following services to assist individuals at risk of needing public assistance to improve their opportunities for employment or to maintain their employment:

To the extent Federal, State and Local resources are available, Broome County Department of Social Services will provide supportive services in the form of a one time payment as outlined in Appendix III.

The Department will use it's discretion in determining what is necessary and appropriate.

- e. Following is a description of how the district accommodates the needs of non-English speaking participants in accessing employment activities and services (or see below):

The Department subscribes to the Language Line interpreter services to arrange interpreting services in order to access employment activities.

[] This is not generally applicable in our area (never or rarely have occasion to serve such individuals).

Section 4.2 Transitional Supportive Services

The district will provide the following supports and strategies to support job retention:

OJT contracts, job development, job coaching with Caseworker early intervention to facilitate any problems on the job. Our TOP unit will be instrumental in assisting with intensive case management for our employed population.

The district will provide the following supportive services, for up to 90 days after case closing, to individuals whose Temporary Assistance cases have closed due to employment.

To the extent Federal, State and Local resources permit, Broome County Social Services will, provide supportive services deemed necessary and reasonable to assist employed Temporary Assistance recipients improve their self sufficiency opportunities. This will be accomplished by referral for separate determination of eligibility for transitional medical/childcare services and supportive services as outlined in Appendix III.

Section 4.3 Extended Supportive Services

As long as funding is available (through FFFS, etc.), the district will provide the following supportive services for individuals who are eligible under the TANF Services 200% of poverty eligibility guidelines.

See Appendix III in addition to any services provided under FFFS funding.

Section 4.4 Supportive Services for Food Stamp Employment & Training (FSET) Participants:
(Reference 18 NYCRR 385.4(b))

The district provides necessary childcare in accordance with the childcare section of the Child and Family County Services Plan.

a. Following is the district's policy for providing transportation services for FSET participants:

The Department will provide public transportation through the issuance of bus passes/tokens or reimburse mileage incurred for private transportation for individuals participating in FSET. Transportation will be issued based on Appendix III.

b. The district will provide the following supportive services in addition to transportation:

The Department will issue supportive services to assist FSET participants to secure or retain employment based on Appendix III.

Section 5 – Temporary Assistance Conciliation and Dispute Resolution Procedures; Food Stamp “Good Cause” Determination Procedures (Reference 18 NYCRR 385.11 and 385.12)

Section 5.1 Conciliation

The district's conciliation process is in accordance with 18 NYCRR 385.11(a). Conciliations are conducted (check all that apply.):

- in person
- by phone
- by mail, etc.
- other as described below:

1) The Department will send a written "Conciliation Notification" to the applicant/recipient which describes the process by which they may dispute a work assignment or explain their reason(s) for failing to comply.

2) The applicant/ recipient will be instructed as above to contact "ACCORD" – the Department's designated neutral third party- to schedule a conciliation hearing. This hearing must be held within thirty (30) days of clients' dispute.

3) TANF clients have ten (10) days to call for conciliation hearing with "ACCORD". Safety Net clients have seven (7) days to call for conciliation hearing.

4) If applicant/recipient fails to contact "ACCORD" within the time period designated in # 3 above, or the Department determines at the conciliation hearing that failure to comply with the

work assignment was willful, a ten (10) day written notice to deny/discontinue benefits and their right to a Fair Hearing will be sent.

The good cause/willfulness determination is made by:

- client's employment worker
- a supervisor
- separate entity (please describe below)
- other (please describe below)

During the conciliation meeting the employment worker reviews the reasons provided by the individual along with other evidence it has about the non-compliance, and makes a determination of whether the non-compliance was without good cause. If the individual does not respond to the conciliation notice within the prescribed time limit, the worker makes a determination of good cause without the individuals' input. If the district determines that the failure to comply was without good cause it sends the individual a ten day notice of intent to discontinue the Public Assistance grant (for a single person case) or reduce the grant pro rata (in a multiple person case).

Section 5.2 Sanction

The district's procedure for determining compliance for those individuals who wish to end their employment sanction (18NYCRR 385.11(b), 385.12) is:

The Employment Caseworker determines the individual is in compliance with the work activity.

Although exceptions may be made on a case by case basis, the standard criteria for any client to demonstrate compliance prior to ending a durational sanction is a minimum of 3 days in a work activity.

Section 5.3 Dispute Resolution

The district's procedure for individuals who wish to dispute their work activity assignments, including individuals who dispute the district's response to their request for health-related accommodations is conducted in accordance with 18 NYCRR 385.11(b).

The grievance is mediated by:

- an agreement with an independent entity
- supervisory staff who are trained in mediation and who have no direct responsibility for the individual's case
- designated supervisory staff who have no direct responsibility for the individual's case but who are not trained in mediation

Section 5.4 Food Stamps Good Cause Determination

The district's procedure for determining if good cause exists for applicants and recipients who fail to comply with Food Stamp Program employment requirements is in accordance with 18NYCRR 385.12(c) and is conducted:

- conciliation is offered in the same manner as described in Section 5.1 of this plan;
- by the Employment worker using available information, including that provided by the participant if any, to determine if there was a good cause reason.
- Other (described below)

N/A

Section 6 – Disability Determinations (Reference 18 NYCRR 385.2(d))

The district's process for determining an individual's disabilities and/or work limitations is in accordance with 18 NYCRR 385.2(d). Check all that apply:

- District participates in the OTDA managed contract for independent medical evaluations.
- District contracts directly with a physician to provide independent medical evaluations.
- District accepts physician's statement provided by participant.
- District accepts physician's statement provided by participant but refers for an independent evaluation when deemed necessary
- Other process, described below.

N/A

The local process for reviewing the medical documentation to determine if the individual is exempt, nonexempt, or work-limited is as follows.

- District directs the contracted physician or individual's physician to determine status.
- District review team reviews and determines status (described below)
- Specialized disability/medical staff or unit reviews and determines status (described below).
- Other, described below:

The subcontracted Star Group staff review collected/submitted medical documentation, consult with physicians' offices and determine employability status for all TANF recipients claiming a medical/psychiatric disability. The two staff assigned to this project by the Star group are registered nurses. They may also make referral for Functional Capacity Exam, Mental health evaluation, or any other follow up necessary to make a solid determination of employability. The goal is always to move the recipient to self-sufficiency, by returning them to employability or assisting them in obtaining Social Security benefits.

WELFARE TO WORK DIVISION ORGANIZATION CHART

Deputy Commissioner for Assistance Programs

Senior Employment Coordinator

Non-Exempt
TANF/SNF/SN

Employment Coordinator

2 Sr. Caseworkers
6 Caseworkers
1 Job Developer

Principal Examiner

4 Sr. Examiners
1 Examiner
1 Sr. Sup. Invest.
1 Keyboard Spec.

Principal Examiner

5 Examiners
1 Comm. Service
Worker
1 Keyboard Spec.

Exempt

4 Caseworkers
1 Sr. Examiner
1 Keyboard Spec.
1 Examiner
1 Clerk

WELFARE TO WORK
2008-2009 Employment Plan
Supportive Services Desk Guide

APPENDIX III

Supportive services may be issued dependent upon the following conditions:

- 1) The services are necessary
- 2) The services are not available through other resources
- 3) State and Federal funds must be available

WELFARE TO WORK	DOLLAR LIMIT	BASIS FOR DETERMINING NEED
Day Care for Children	Market Rate	In WTW Activity
Child Day Care Registration Fees	\$50 Maximum per child	To enroll child of WTW participant or employed recipient in day care
Clothing	\$150	Uniforms, footwear, etc., payable for each WTW activity or entry to employment
Transportation	\$.445 cents per mile	Payable at the rate of public transportation costs or the mileage reimbursement rate used by the local district. Includes the cost of transporting children of WTW participant to/from child day care.
Professional Budget Management Counseling	\$100 one-time issue	Demonstrated pattern of money management
Licenses and Other Work-Related Fees	\$100	License and other fees necessary for participation in WTW training to accept/retain employment
Job-Related Safety Equipment	\$200 per period of eligibility	Protective gloves, boots, headgear, etc. needed to accept/maintain employment
Tools and Equipment	\$500 one time issuance	Tools and equipment necessary for WTW training or to accept/retain employment. Includes costs for equipment needed to become home day care provider
Automobile Repairs	\$700 per period of eligibility	If least costly to provide transportation Payment for necessary repairs up to lesser of \$700 or the retail value of the vehicle
Automobile Insurance	\$1,000 per period of eligibility	If least costly way to provide transportation Payment for legally necessary insurance for recipient's/participant's vehicle Payment continues only as long as necessary-duration of WTW activity or up to 90 days after entry to employment
Tuition	\$1,500 per 12 month period	Vocational education approved guideline utilized

WELFARE TO WORK
2008-2009 Employment Plan
Supportive Services Desk Guide

APPENDIX III

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Tuition	\$1,500 per 12 month period	Vocational education approved guideline utilized



Broome County
DEPARTMENT OF SOCIAL SERVICES – WELFARE-TO-WORK UNIT

Arthur R Johnson, CSW, Commissioner

Barbara J. Fiala, County Executive

BROOME COUNTY SAFETY NET EMPLOYMENT ASSESSMENT

Date _____

Name _____ Social Security # _____ - _____ - _____

Address _____

DOB _____ Phone _____ Message phone _____

Have you ever been on assistance? Yes No How Long? _____

Have you been on assistance in another state since 12/96? Yes No State _____

Are you from Broome County originally? Yes No If not, Where? _____

EDUCATION

Note: If you are 16 - 19 years old you are required to be in school in order to continue to receive Temporary Assistance benefits

Do you have your High School Diploma? Yes No Year graduated _____

Do you have your GED? Yes No Year _____

Did you ever attend GED classes? Yes No Where _____ How Long _____

If you do not have your High School diploma, what was the last grade you completed? _____

LEARNING DISABILITIES AND SPECIAL EDUCATION

Do you have a Learning Disability? Yes No

What is your Learning Disability? _____ Were you in Special Ed Classes Yes No

TRAINING PROGRAMS

Name of Training program? _____

Did you complete training? Yes No Completion Date _____

If you are currently in training, Where is the training _____

When will you complete training? _____

COLLEGE

Name of college attended _____ Area of Study _____

Did you graduate? Yes No Degree Earned _____

Are you currently a college student? Yes No Where? _____

When did you start college? _____ When will you graduate? _____

Do you have any outstanding educational loans? No Yes Amount: \$ _____

SKILLS CHECKLIST

Check All That Apply		
Assembly	Data Entry	Delivering Goods
Carpentry	Cashier	Child Care
Construction	Cooking	Customer Service
Drafting/Drawing	Electrical Repair	Equipment Operator
Food Service/Fast Food	Foreign Language	Health care
House Cleaning	Training Others	Bookkeeping
Janitorial	Lab Technician	Lawn Care/Landscape
Loading/Unloading	Painting	Photography
Record Keeping	Repair Cars	Repair Machines
Retail	Building Maintenance	Selling
Taking Inventory	Telephone Work	Typing/Word Processing
Waiter	Waitress	
Other Strengths Check All That Apply		
Being on time	Well organized	Hard working
Getting along with others	Good attendance	Pay attention to details
List other strengths you have		

CURRENT EMPLOYMENT

Do you have a job now? Yes No If Yes, Where? _____

Start Date _____ Hours/week _____ Amount per hour _____

WORK HISTORY

The following section is an employment history necessary for us to assist you in achieving your employment goals. Please be specific and give accurate information.

Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				

What is the **longest time** you have held a job and where? _____

What was your **favorite** job? _____

What would be your **dream** job/long term employment goal? _____

HOUSEHOLD COMPOSITION

List all **ADULTS** in your household and state if they work or attend school. Please list each individual's income and source of income.

Name	Place of employment or school	Relationship to you	Source of Income SSI/SSD, wages, UIB	Amount of income per month
SELF				

CHILDREN

Do you have any children in Foster care or living with someone else? Yes No

Name of child(ren) their ages and the name of the person they live with?

COURT ORDERS FOR CHILD SUPPORT

Child's Name & Age	Address	Paternity Established	Court Order
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

TRANSPORTATION

Bus

Do you have access to a **bus**? Yes No

How far is the nearest bus stop? _____

Car

Do you have a current driver's license? Yes No

Do you have a driver's permit? Yes No

Do you own an automobile? Yes No

Do you have car insurance? Yes No

State _____ Class _____

Is there any reason why you can not work full time?

Yes No

Explain _____

PHYSICAL HEALTH

Explain any physical conditions that would keep you from working _____

Are you seeing a medical doctor for this condition(s)? Yes No

Physician's name/address/phone _____

Medications: List all physical medications

MENTAL HEALTH

Do you have a mental condition that will keep you from working full time?

Yes No

Are you seeing a doctor/therapist for a mental health condition now?

Yes No

COUNSELING

Are you in currently in counseling on a regular basis?

Yes No

If no: Would you like a referral for counseling?

Yes No

Medications: List all mental health medications

SOCIAL SECURITY INFORMATION

Have you ever applied for SSI/SSD for a physical or mental condition?

Yes No

Date first applied for SSI/SSD _____

Denied for SSI/SSD

Yes No

How many times have you appealed? _____

Do you have a lawyer for you appeal for SSI/SSD?

Yes No

Name/Address of lawyer _____

VETERANS INFORMATION

Are you a veteran? Yes No

Military Training: _____

Dates of military service from _____ to _____

SUBSTANCE ABUSE

Have you ever been in treatment for Drug abuse? Yes No
Have you ever been in treatment for Alcohol abuse? Yes No
Where/Program _____ Discharge date _____
Are you currently in treatment? Yes No
Where/Program _____ Hours/Week _____
Counselor _____ Completion Date _____
Has anyone in your family ever been treated for drugs/alcohol abuse? Yes No

OFFENDER STATUS

Have you ever been arrested? Yes No
Have you ever served jail time? Yes No
Where? _____ How long? _____
Are you currently on parole? Yes No From _____ to _____
Parole Officer _____
Are you currently on probation? Yes No From _____ to _____
Probation Officer _____

CONVICTIONS

List all misdemeanor and felony convictions

Circle type of conviction	Name of conviction	Year
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		

Transition Plan to Self Sufficiency

What referrals/services or resources do you need to help you meet your goals? Please check all resources you need.

- | | | |
|---|--|---|
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Anger management | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Work experience | <input type="checkbox"/> On the job training |
| <input type="checkbox"/> GED | <input type="checkbox"/> Resume preparation | <input type="checkbox"/> Parenting skills |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Interviewing skills | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> ESL classes | <input type="checkbox"/> Job Retention mentor | <input type="checkbox"/> Effective communication |
| <input type="checkbox"/> Job readiness training | <input type="checkbox"/> Job referrals | <input type="checkbox"/> Money management/Budgeting |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Job search techniques | <input type="checkbox"/> Specify Other: |
| <input type="checkbox"/> Treatment/Rehab | <input type="checkbox"/> Career exploration | |
-

Duties of an Employable Person

As an employable person on Temporary Assistance, you are expected to meet one or more of the requirements below as assigned by this agency.

You must participate in an initial assessment and in the preparation of an employability plan.

When enrolled, participation is mandated by Department of Labor regulation 1300. This plan may be updated as needed.

You must accept referrals to and participate in the Employment program as assigned by the social services district or the designated provider of such programs and services, or by the Job Service.

You must conduct an active job search and give evidence of such efforts when requested.

You must provide medical verification and/or undergo a medical examination or other diagnostic assessment necessary for determining such limitations as there may be to your employment or occupational training or rehabilitation.

You must actively seek employment and provide evidence of such if requested by the social service district.

You must accept all offers of employment

As a person receiving Social Services/Cash Assistance, my goal will be to obtain unsubsidized employment. I have jointly developed this plan and understand my responsibilities and that my cooperation is essential for successful attainment of my goals. I realize that if circumstances change, this plan may change.

I understand the responsibilities involved in completing my educational plan and my responsibilities regarding entering full-time employment at the completion of the plan as I have discussed it with a DSS representative. I have been instructed and understand my responsibilities concerning repayment of any loans I receive for financial aid while attending school or training. I give my permission for information regarding my case to be shared with appropriate agencies.

I give permission to the Department of Social Services, New York State Department of Labor, BCC, OET, BOCES, VESID, Binghamton City Schools, ACA, VIP, Legal Aid, potential employers or _____ to release and/or exchange information concerning my case, application information, and employment plans.

If I choose not to comply with the above listed requirements, I may be sanctioned from receiving Temporary Assistance and/or medical assistance for a period of time up to six months, depending on the type of Assistance I receive, the program in which I was required to participate and the number of times I have been sanctioned in the past.

Participant Signature

Date

Caseworker Signature

Date

Broome County Department of Social Services – Welfare-to-Work Unit
Workforce New York
Arthur R. Johnson, Commissioner . Barbara J. Fiala, Broome County Executive



171 Front Street . Binghamton, New York 13905 . (607) 778-3096 . Fax (607) 778-3705
Website: www.gbroomecounty.com

BROOME COUNTY TANF EMPLOYMENT ASSESSMENT

Date _____

Name _____

Address _____

Social Security # _____ - _____ - _____ DOB _____ Phone _____

How many months/years have you been receiving Temporary Assistance since 12/96? _____

Have you been on assistance in another state since 12/96? Yes No State _____

EMERGENCY INFORMATION

Name of person to contact (not in the same house) _____

Address _____

Phone _____ Relationship _____

CITIZENSHIP

Are you a Citizen? Yes No

What country are you from? _____

What language(s) do you speak? _____

ESL CLASSES Are you attending ESL classes? Yes No

Where _____ Hours/Week _____

Do you understand English? Yes No Do you speak English? Yes No
Do you write English? Yes No

CURRENT/ RECENT EMPLOYMENT

ARE YOU PRESENTLY EMPLOYED? Yes No If Yes, Where? _____

Start Date _____ Hours/week _____ Amount per hour _____

IF YOU ARE **NOT** EMPLOYED NOW, Where was your last job? _____
What was the reason for leaving your last job? _____

Why aren't you working now? _____

VETERANS INFORMATION

Are you a veteran? Yes No Military Training: _____
Dates of military service from _____ to _____

TRANSPORTATION

Do you have a current driver's license? Yes No State _____ Class _____

Restrictions on license: _____ Do you have a driver's permit? Yes No

If you do not have a driver's license or permit please state reason.

Do you own an automobile? Yes No Status of Insurance coverage: _____

If yes, Model _____ Make _____ Year _____

Do you have use of an automobile? Yes No
Is there another adult in the home with access to a vehicle? Yes No
Do you have access to a bus? Yes No

How far is the bus stop from your home? _____ Client arrangement/ needs: _____

EDUCATION

Do you have your High School Diploma? Yes No Year graduated _____

If you do not have your High School diploma, what was the last grade you completed? _____

If you did not complete high school, why did you leave? _____

Do you have a copy of your HS Diploma or GED? Yes No

Where did you last attend school _____

Were you in special education program? Yes No Do you have a Learning Disability? Yes No

Describe Learning Disability/Special Ed _____

Do you have your GED? Yes No Year _____

Did you ever attend GED classes? Yes No Where _____

When and how long did you attend GED Classes _____

TRAINING PROGRAMS

Have attended any special training programs? Yes No

What did you study and where? _____

How long did you attend? _____ Did you complete training? Yes No

Completion Date _____ Certificate name _____

If you are currently in training, please state where _____

When will you complete training? _____

COLLEGE

Have you ever attended college? Yes No

Name of colleges' attended _____

Did you graduate, what degree Yes No Degree Earned _____

If you have **not graduated** with a degree, how many credits have you earned? _____

What degree were you working towards? _____

Are you **currently a college student**? Yes No

Where? _____

When did you start college? _____

When will you graduate? _____

FOR TEENS ONLY Please answer the following questions

Note: If you are 16 - 19 years old you are required to be in school in order to continue to receive Temporary Assistance benefits

Are you currently a full time high school student? Yes No

Name of School _____ Hours/Week _____

Name of last school attended _____

When will you graduate? _____

CHILDREN LIVING IN YOUR HOME

List Children living in your household

Name	Age	Special Needs	SSI benefits	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Is any adult in your household (other than yourself) the parent of any of your children?

Yes No

If yes, which child(ren) _____

Children in FOSTER CARE or LIVING SOMEWHERE ELSE

Do you have any children in Foster care or living with someone else?

Yes No

Name of child(ren) and who do they live with? _____

DAY CARE

Do you need day care when you work/train?

Yes No

Do you have a day care provider now?

Yes No

Is your day care provider receiving Temporary Assistance?

Yes No

You must have a BACKUP DAY CARE PROVIDER

PRIMARY DAY CARE PROVIDER

Name _____
 Address _____
 Telephone _____

Name _____
 Address _____
 Telephone _____

CHILD PROTECTIVE, FOSTER CARE, EARLY INTERVENTION WORKERS

Do you have a worker? Yes No Name _____

HOUSEHOLD COMPOSITION

Please list all **ADULTS** in your household and state if they work or attend school. Please list each individual's income and source of income.

Name	Place of employment or school	Relationship to you	Source of Income SSI/SSD, wages, UIB	Amount of Income per month
SELF				

COURT ORDERS FOR CHILD SUPPORT & ABSENT PARENTS

Please list absent parents, their address, and place of employment.
 Check boxes provided for court orders for child support.

Name	Address	Place of employment	Paternity Established	Court Order
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

Do you have a "good cause" or a domestic violence waiver for child support? Yes No
 Do any of your children have a deceased parent? Yes No
 Was paternity established? Yes No

SOCIAL SECURITY BENEFITS (Children)

Are any of your children receiving Social Security benefits? Yes No
 If yes: List child's name, amount and the reason that the child(ren) is/are receiving social security payments

Name	Amount	Reason

PHYSICAL HEALTH

ARE YOU PREGNANT? Yes No Due Date _____

Physician's name/address/phone _____

Are you seeing a medical doctor for any physical condition? Yes No

Explain/Surgery _____

Are you applying for Workman's Comp or New York State Disability benefits? Yes No

If yes, explain _____

MENTAL HEALTH

Are you seeing a doctor/Therapist for a mental condition? Yes No
COUNSELING Are you currently in counseling on a regular basis? Yes No

If Yes: Counselor/Therapist Name/address/phone _____

If No: Would you like a referral for counseling? Yes No

If you are in counseling please state why _____

Referrals given _____

MEDICATIONS

Please list medications and dosages you are taking now.

Medication	Reason please circle		Dosage
	Mental	Physical	

SSI/SSD INFORMATION

Have you applied for SSI/SSD for a physical or mental condition? Yes No
 Date first applied for SSI/SSD _____
 Denied for SSI/SSD Yes No How many times have you appealed? _____
 When was your last appeal? _____

Do you have a lawyer for you appeal for SSI/SSD? Yes No

Name/Address of lawyer _____

Do you have any law suits pending? Yes No Explain _____

UNEMPLOYMENT BENEFITS

Unemployment Benefits : Yes No Start date: _____ End date: _____ Benefits exhausted _____

SUBSTANCE ABUSE

Alcohol Yes No
Drug Yes No Type _____
Combination Yes No

Have you ever been in treatment for Drug or alcohol abuse? Yes No

Where/Program _____ Discharge date _____

Are you currently in treatment? Yes No

Where/Program _____ Hours/Week _____

Counselor _____ Completion Date _____

Do you attend AA/NA meetings? Yes No
Has anyone in your family ever been treated for drugs/alcohol abuse? Yes No

OFFENDER STATUS

Youthful Offender? Yes No
Have you ever been on a PINS Petition Yes No
Are you currently on a PINS Petition? Yes No

Have you ever been arrested? Yes No
Have you ever served jail time? Yes No

Where? _____ How long? _____

Are you currently on parole? Yes No From _____ to _____

Parole Officer _____

Are you currently on probation? Yes No From _____ to _____

Probation Officer _____

CONVICTIONS

Please list all misdemeanor and felony convictions

Please circle conviction	Name of conviction	Year
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		

EMPLOYMENT HISTORY

SKILLS CHECKLIST

Check All That Apply		
Assembly	Data Entry	Delivering Goods
Carpentry	Cashier	Child Care
Construction	Cooking	Customer Service
Drafting/Drawing	Electrical Repair	Equipment Operator
Food Service/Fast Food	Foreign Language	Health care
House Cleaning	Training Others	Bookkeeping
Janitorial	Lab Technician	Lawn Care/Landscape
Loading/Unloading	Painting	Photography
Record Keeping	Repair Cars	Repair Machines
Retail	Building Maintenance	Selling
Taking Inventory	Telephone Work	Typing/Word Processing
Waiter	Waitress	Other

The following section is an employment history necessary for us to assist you in achieving your employment goals. Please be specific and give accurate information.

Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving: _____				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving: _____				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving: _____				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving: _____				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving: _____				

What is the longest time you have held a job? _____

What was your favorite job? _____

What do you think are your greatest strengths?

- | | |
|---|--|
| <input type="checkbox"/> Being on time | <input type="checkbox"/> Well organized |
| <input type="checkbox"/> Hard working | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Good attendance | |
| <input type="checkbox"/> Pay attention to details | Describe other strengths _____ |

Transition Plan to Self Sufficiency

What is your long-term employment goal?

What referrals/services or resources do you need to help you meet your goals? Please check all resources you need.

- | | | |
|---|--|---|
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Anger management | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Work experience | <input type="checkbox"/> On the job training |
| <input type="checkbox"/> GED | <input type="checkbox"/> Resume preparation | <input type="checkbox"/> Parenting skills |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Interviewing skills | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> ESL classes | <input type="checkbox"/> Job Retention mentor | <input type="checkbox"/> Effective communication |
| <input type="checkbox"/> Job readiness training | <input type="checkbox"/> Job referrals | <input type="checkbox"/> Money management/Budgeting |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Job search techniques | <input type="checkbox"/> Other |
| <input type="checkbox"/> Treatment/Rehab | <input type="checkbox"/> Career exploration | |

Duties of an Employable Person

As an employable person on Temporary Assistance, you are expected to meet one or more of the requirements below as assigned by this agency.

You must participate in an initial assessment and in the preparation of an employability plan.

When enrolled, participation is mandated by Department of Labor regulation 1300. This plan may be updated as needed.

You must accept referrals to and participate in the Employment program as assigned by the social services district or the designated provider of such programs and services, or by the Job Service.

You must conduct an active job search and give evidence of such efforts when requested.

You must provide medical verification and/or undergo a medical examination or other diagnostic assessment necessary for determining such limitations as there may be to your employment or occupational training or rehabilitation.

You must actively seek employment and provide evidence of such if requested by the social service district.

You must accept all offers of employment

As a person receiving Social Services/Cash Assistance, my goal will be to obtain unsubsidized employment. I have jointly developed this plan and understand my responsibilities and that my cooperation is essential for successful attainment of my goals. I realize that if circumstances change, this plan may change.

I understand the responsibilities involved in completing my educational plan and my responsibilities regarding entering full-time employment at the completion of the plan as I have discussed it with a DSS representative. I have been instructed and understand my responsibilities concerning repayment of any loans I receive for financial aid while attending school or training. I give my permission for information regarding my case to be shared with appropriate agencies.

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