

RECEIVED MAY 2 - 2008



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

David A. Paterson  
Governor

David A. Hansell  
Commissioner

April 17, 2008

Mr. Kevin P. Mahon  
Commissioner  
Westchester County Department of Social Services  
County Office Building #2  
112 East Post Road  
White Plains, New York 10601

Dear Commissioner Mahon:

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,

A handwritten signature in black ink, appearing to read 'RSY', written over a horizontal line.

Russell Sykes  
Deputy Commissioner  
Center for Employment and Economic Supports

Enclosure

cc: Barbara Guinn  
Iris Jenkins  
Masoomah Jafri  
Keri Stark

*"providing temporary assistance for permanent change"*

bcc: S. Antos  
D. Bloodstein

Westchester  
gov.com

Andrew J. Spano  
County Executive

Department of Social Services

Kevin P. Mahon  
Commissioner

March 12, 2008

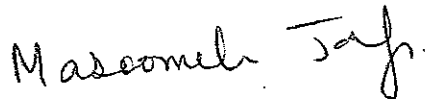
Barbara C. Guinn  
Director, Employment and Advancement Services  
NYS Office of Temporary and Disability Assistance  
40 North Pearl Street, 11<sup>th</sup> Floor  
Albany, New York 12243

Dear Ms. Guinn:

Enclosed is the revised draft of the Westchester County Department of Social Services 2008-2009 Temporary Assistance and Food Stamps Employment Plan. We have addressed the comments dated January 23, 2008 from Keri Starks in order to provide clarification for the sections in question.

If you have any questions, please call me at (914) 995-6592.

Sincerely,



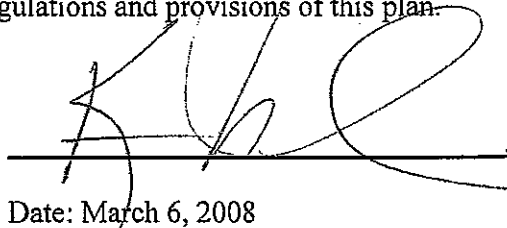
Masoomah Jafri  
Program Coordinator

Department of Social Services  
112 East Post Road  
White Plains, New York 10601

**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 Westchester 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 Westchester 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: March 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 Office of Employment Operations in the Westchester County Department of Social Services has programmatic responsibility for the operation of the WTW program. Westchester County Department of Social Services contracts with the Yonkers Chamber of Commerce (YCC), Westhab and the Urban League for the provision of employment services to Temporary Assistance customers. The Yonkers Chamber of Commerce serves the entire Temporary Assistance Employable population while Westhab and the Urban League focus on the employable and exempt Safety Net MOE customers. Vendor staff is co-located in all the field offices, Yonkers, Mt. Vernon, White Plains including the Home Unit, Peekskill as well as the White Plains One Stop.

As per contract with the Westchester County Department of Social Services, the vendors provide the following:

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**WELFARE-TO-WORK DIVISION**  
**MAR 24 2008**

- Pre-Employment Services;
- Employment Orientation;
- Assessment and Development of a Self-Sufficiency Plan, including an individual Employment Plan Strategy;
- Referral to training and remedial services, as appropriate;
- Supervised job search;
- Job development;
- Job placement;
- Placement and development of Community Work Experience Program;
- Employment retention services for excess income closings (for 3 months after case closing);
- Entry of all customer data into employment/program support systems;
- Scanning of customer documentation.

The DSS case manager has direct responsibility to engage all the customers in work activities, who are not served by the vendors, including customers in the following categories: TANF, SNA, TMA (Transitional Medical Assistance), TFA (Transitional Food Stamps), and Food Stamps Mixed Households. In addition, the case manager has responsibility to collaborate with these programs: Child Welfare, Adult Protective Services for Adults, Child Support, Community Medicaid, and Community Partnerships.

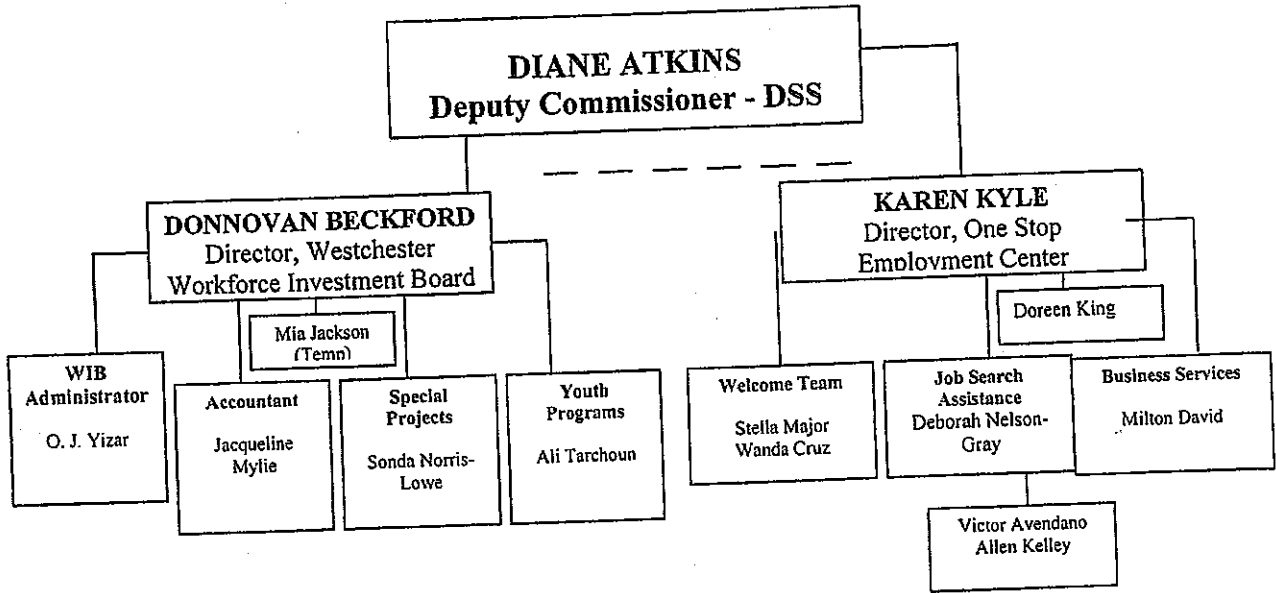
The DSS case manager is responsible for all traditional aspects of eligibility while the vendor staff engage each individual in a process leading toward self-sufficiency. Vendor staff ensures that individuals are connected to appropriate activities (i.e., job search, training, assessment, work experience, etc.). Vendor staff address barriers and develop strategies to overcome them. In addition, the Vendor staff is responsible for monitoring progress, attendance, and outcomes associated with the individual's particular self-sufficiency plan.

Under the case-management design, the case manager assumes each of these roles and utilizes referral mechanisms for specialized customer needs (i.e., child welfare, drug/alcohol, domestic violence, medical/psychiatric, and individuals with learning disabilities). In Yonkers, Mt. Vernon and White Plains and Peekskill, the customer sees the DSS case manager for all financial assistance and services and the vendor staff for all the employment related needs.

This model begins with a comprehensive assessment conducted by the vendor staff geared to identify:

- Employment history
- Educational background
- Barriers
- Childcare needs

The Department's Food Stamp Employment and Training Program are implemented by Food Stamp Units in each of the District's Offices for Food Stamp recipients with dependents and Able Bodied Adults Without Dependents.



**COMMUNITY CARE SERVICES**

**COMMUNITY CARE SERVICES**

**COMMUNITY CARE SERVICES**

Robert Kuhn  
Family & Children's Services Program Office  
Emergency Services  
Detention Services  
Adoption Services  
Central Residential & Contract Services  
Pediatric Clinic  
CW Authorization Services Resources/  
Family Care Services

Child Welfare Field Operations  
Kerron Norman  
Yonkers DO  
Anthony Christie  
Mount Vernon DO  
Linda Sala  
White Plains/Peekskill DO

Donald Wiede  
Children Services Systems

**COMMUNITY CARE SERVICES**

Donnovan Beckford  
One Stop Employment Programs

Field Operations  
Iris Jenkins  
Mount Vernon DO  
Skip Natoli  
White Plains DO  
Dorothy Bernacki  
Peekskill DO  
Carlos Moran  
Yonkers DO

Diane Stern  
Housing & Homeless Services

David Sweet  
Long Term Care

Natalie Siler  
Adult Protective Services

Audrey Cohen  
Medicaid Operations  
Facilitated Enrollment  
WCM/TCC, SDX, SSI

Masoomah Jafri  
Welfare to Work Employment Program

Evelyn Hogan  
Alcohol & Substance Abuse

**COMMUNITY CARE SERVICES**

Lorraine Velez  
Facilities & Services  
General Accounting  
Payment Processing  
State & Local  
Systems Hardware

Phillp Eapen  
Office of Contract Management

Arthur Moynihan  
Relief & Trust Accounting  
Revenue Accounting  
Resources

**COMMUNITY CARE SERVICES**

Katherine Waluschka  
Non-Service Programs  
Temporary Financial Assistance  
Heap  
Food Stamps  
Medical Assistance  
Child Care Subsidy

Annette Burns  
Day Care Operations

Margaret Regan  
BCR/Fair Hearing

Vacant  
Staff Development

Manuel Barreiro  
Child Support

Mary Ellen Smith  
Quality Assurance

## 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, conciliation 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 | Funding Source(s)   | Categories of Clients Served      | Programs, Services or Activities Provided  |
|-------------------------------|---------------------|---------------------|-----------------------------------|--|
| Community Housing Innovation  | \$234,000           | FFFS                | TANF                              | Medical Assistant Training Program   |
| Community Housing Innovation  | \$292,500           | FFFS                | TANF                              | Administrative Intake Specialist Training Program  |
| Community Housing Innovations | \$145,000           | NYS Incentive Funds | TANF                              | Apprenticeship and job placement program   |
| F.M. Blake and Associates     | \$200,000           | Operating Budget    | TANF<br>Safety Net<br>Foster Care | Provision of eligibility determination services in connection with SSI benefits                    |
| Pace University               | \$729,050           | FFFS                | TANF                              | Certificate, skills enhancement and 2 <sup>nd</sup> yr. Associate's Degree Program                 |
| SER of Westchester            | \$90,000            | FFFS                | TANF<br>200%                      | Provision of educational support services to at risk high school students                          |
| Urban League of Westchester   | \$450,000           | FFFS and Operating  | TANF<br>Safety Net                | Tracking/Monitoring of Temporarily Unemployable Customers with medical and mental health diagnosis |

|  |                           |                       |                 |  |
|--|---------------------------|-----------------------|-----------------|--|
| Urban League of Westchester                        | \$240,000                 | FFFS                  | TANF            | Employment placement, CWEP monitoring and job skills training program  |
| Westchester Community College                      | \$728,898                 | FFFS                  | TANF 200%       | Skills Enhancement Training Programs for adults, educational support for at risk high school students                            |
| Westchester Community Opportunity Program          | \$150,000                 | FFFS                  | TANF            | Employment placement, CWEP monitoring and job skills training program  |
| Westchester County Department of Corrections       | \$20,000                  | FFFS                  | 200%            | Mentoring services for women newly released from jail  |
| Westchester County Parks Department                | \$80,000                  | Operating Budget      | Safety Net      | On the job training and placement/retention program  |
| Yonkers Chamber of Commerce                        | \$4,374,800 (for 3 years) | FFFS                  | TANF Safety Net | Provision of employment services for all employable customers  |
| Young Men's Christian Association of Yonkers, Inc. | \$40,000                  | FFFS                  | TANF 200%       | After school program for youth between the ages of 13 to 15  |
| Women's Enterprise Development Center              | \$40,000                  | FFFS                  | TANF 200%       | Program to provide entrepreneurial training, mentoring and peer support for TANF women interested in starting their own business |
| Urban League of Westchester                        | \$408,808                 | Operating             | Safety Net Moe  | Placement and tracking of exempt and non exempt customers in employment related activities                                       |
| Westhab  | \$710,000                 | Operating             | Safety Net Moe  | Placement and tracking of exempt and non exempt customers in employment related activities                                       |
| Nepperhan Community Center                         | \$77,000                  | FFFS                  | TANF 200%       | After school program for Middle and High School youth  |
| Helping Out People Everywhere                      | \$111,244                 | Special State Funding | TANF            | Intensive Case Management services for non-compliant families  |
| Family Services of Westchester                     | \$111,165                 | Special State Funding | TANF            | Intensive Case Management services for non-compliant families  |
| Westchester Community Action Program               | \$111,165                 | Special State Funding | TANF            | Intensive Case Management services for non-compliant families  |

|                             |                       |      |           |   |
|-----------------------------|-----------------------|------|-----------|---|
| Community Capital Resources | \$20,000              | FFFS | TANF 200% | Financial counseling services for TANF related customers applying for EAF |
| Westhab                     | \$115,000             | FFFS | TANF      | Distance learning skills enhancement program                              |
| <b>Total</b>                | <b>\$9,478,630.00</b> |      |           |   |

**TABLE 2 – Other Service Providers**

| Provider  | Funding Source(s) (if known) | Categories of Clients Served  | Programs, Services or Activities Provided  |
|---|------------------------------|-------------------------------|--|
| <b>EDGE:</b><br>Yonkers Public Schools<br>CCE<br><br>Mt. Vernon City Schools<br>So. West BOCES<br><br>Westchester Hispanic Coalition<br><br>Westhab | EDGE                         | FA<br>SNA<br>Families<br>200% | Adult basic Education<br>General Equivalency Diploma (English and Spanish)<br>English as a Second Language.<br>Career Counseling<br>Job Readiness<br>Job skills training, Job search, Job Development<br>Vocational Training |
| <b>BRIDGE</b><br>Educational Opportunity Center   | BRIDGE                       | FA<br>200%<br>FA Youth        | Job Development<br>Job Placement<br>Job Readiness<br>Retention<br>Job Search<br>ESL<br>Literacy Skills<br>Intervention<br>Assessments<br>Case Management<br>Literacy Skills  |
| Westchester Community Action Program  | Wage Subsidy                 | TANF                          | Job placement in subsidized jobs   |

**Section 2.3 – Jobs Agreement**

**Jobs Program Services – Target Groups**

("X" signifies those that apply in this district)

| Services                                |         | Target Groups       |         |
|---|---------|---------------------|---------|
| Assessment/Employability Plan           | ___x___ | Applicants          | ___ ___ |
| Supervised Job Search                   | ___x___ | TANF (inc. SN fam.) | ___x___ |
| Job Readiness Training                  | ___x___ | Safety Net Singles  | ___x___ |
| Job Club                                | ___ ___ | Food Stamps         | ___x___ |
| Job Placement Services                  | ___x___ | 200% of Poverty     | ___x___ |
| Grant Diversion                         | ___ ___ |                     |         |
| Job Development (employer field visits) | ___x___ |                     |         |

**Other Services Requested**

Described below are additional services/duties which will be requested of Jobs staff (i.e., WTCMS data entry, case conferencing, job fairs etc.)  
 WTCMS data entry and participation in job fairs, case conferencing, JOBS staff will be servicing the TOP program participants and the ex-offenders. \_\_\_\_\_

**Jobs Program Staffing and Location (Address)**

**Number of Jobs staff**

**Locations**

1. Mt. Vernon One Stop (one staff person only)

2.

3.

**Jobs Program LDSS Staff Contact (Name & Phone Number)**

Masoomah Jafri 914-995-6592

### 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, and 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.

1. Drug/alcohol treatment to restore a person to employability;
2. Medical treatment/rehabilitation to restore a person to employability;
3. Remedial education, adult basic education/GED, or education in English proficiency to enable a person to attend vocational training or to achieve employability;
4. Participation in a VESID program;
5. Continue to verify and provide documentation of exemption criteria.

#### 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.

Contracted vendors and partners also provide in-depth orientation for customers at the time of their employment readiness activities.

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.

Westchester vendor staff provide a WTW orientation in a group setting or individually or a combination of both to all applicants/recipients of temporary assistance at the time of application and recertification in accordance with Dept. Reg. 1300.5.

The orientation will include information on the in lieu of Temporary Assistance child care guarantee option (Chapter 135 of the Laws of 2007), where Westchester shall guarantee applicants who would otherwise be eligible for or are recipients of, temporary assistance and who are employed, the option to choose to receive continuing child day care subsidies in lieu of temporary assistance benefits, for the period of time as the recipient continues to be eligible for temporary assistance.

### 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:

- Medical/Psychiatric/Substance Abuse barriers.
- Other case specific barriers to employment.

b. A copy of the assessment tool used by the district is attached. Westchester uses the WTWCMS assessment and employment plan instrument. Additional assessment tool(s) used by the district is (are):

1. Self-Sufficiency Plan;
2. TABE (Test for Adult Basic Education);
3. Physician's Assessment of Client's Employability, IMA Referral ;
4. Employability Assessment Report DCMH, Form #1681;
5. Alcohol/Substance Abuse Screening Instrument, DSS 4571;
6. Pre-Treatment Assessment Form for Public Assistance Applicants and Recipients, Form #705.

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)

In DSS, the staff who administer the assessment are either Employment Counselors or Eligibility Examiners or Vendors Case Managers. Some employment vendors (partners) also supplement the Department's assessments of customers when they (the customers) enter their program.

The qualifications for an Employment Counselor are: Either (a) a Bachelor's Degree and two years of experience in personnel interviewing, employment counseling, recruitment, placement, job development, manpower planning or training; or (b) a Master's Degree in Business or Public Administration, Manpower Planning, Human Development, Psychology or Personnel Administration and one year experience as stated in (a).

The qualifications for an Eligibility Examiner are: Possession of a high school or equivalency diploma and four years experience in the examination, investigation, or evaluation of requests for financial entitlements or eligibility which includes interviewing for evaluative and assessment

purposes, two years of which have been in compliance with federal or state laws and rules governing benefits issuance or the foregoing training and experience as defined above.

Vendors Case Managers: Possession of a high school or equivalency diploma.

Staff of the EDGE and BRIDGE providers who administer the assessment are either New York State Certified teachers, New York State Certified School Counselors or New York State Certified Adult Job Readiness Instructors. Staff of Pace University and Westchester Community College who administer the assessment are either College/University faculty or have Masters Degrees in Social Work, Educational Counseling, or Psychology. Assessments are also administered through the Yonkers Chamber of Commerce staff. YCC staff includes Employment Case Managers the Employment Case Managers have a high school or equivalency diploma.

d. The district administrative unit or contractor responsible for conducting assessments is: DSS District Offices' Case Management staff and, Pace University, Yonkers Chamber of Commerce, Westhab, Urban League and Westchester Community College staff.

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:

#### 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:

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

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

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

Westchester County DSS plans to meet Federal and State Temporary Assistance participation rate requirements by reviewing and engaging all employment categories in order to ensure full participation in countable activities. The goal of Westchester County DSS is to engage every individual in a work activity for up to 40 hours per week; considerations will be taken in instances of work limitations where applicable.

All newly opened cases and individuals whose status change from exempt to non-exempt will be engaged in a countable activity within one month.

Participation rate and engagement activity are monitored through daily/weekly/monthly WTWCMS and COGNOS Reports.

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 NPA 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 | X | Subsidized Private Sector Employment | 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.                |
| X | X | X | X | Subsidized Public Sector Employment  | 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. |

|   |   |   |   |                           |  |
|---|---|---|---|---------------------------|--|
| X | X | X | X | Work Experience           | <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>                                 |
| X | X | X | X | On-the-Job Training (OJT) | <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> |

|   |   |   |   |                   |   |
|---|---|---|---|-------------------|---|
| X | X | X | X | Community Service | <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> |
| X | X | X | X | Job Search        | <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>  |

|   |   |   |   |                              |  |
|---|---|---|---|------------------------------|--|
| X | X | X | X | Job Readiness Training (JRT) | 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.   |
| X | X | X | X | Vocational Education         | 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. |

|   |   |   |   |                     |   |
|---|---|---|---|---------------------|---|
| X | X | X | X | Job Skills Training | 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. |
| X | X | X | X | Education Training  | 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.  |

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| X | X | X | X | 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. |
| X | X | X | X | 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.   |
| X | X | X | X | 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.  |
| X | X | X | X | 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.  |
| X | X | X | X | 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.

Hours related to participation in independent (not directly supervised) job search activities, such as submitting job applications or interviewing for a job, will be reported based upon client logs of the time required to complete such activities. Temporary Assistance applicants will be required to participate in job search for up to 40 hours per week and are assigned to contact a minimum of 10 contacts per week, circumstances permitting

This time may include travel time to and from potential employers. The job search log will be reviewed by the Vendor/DSS staff to assess the extent to which a reasonable number of contacts were made during the time reported. Attention will be given to the amount of time required to identify, apply and interview for a job as well as time spent preparing and sending follow-up materials to an employer. Vendor/DSS staff will review time logs for completeness and reasonableness. Hours of participation reported by the customer that are determined to be incomplete or not reasonable must not be reported as actual hours of participation.

The Vendor/DSS staff will contact a sample of employers periodically to verify that the participant actually contacted the employer about a job. However, such reviews will not occur in those instances when the Vendor/DSS staff determines that conducting such direct employer contact for documentation would jeopardize current or future job entry efforts by other Temporary Assistance (TA) customers. Face-to-face contact with job search participants must occur no less frequent than weekly.

The district assigns TA recipients to Job Search  Yes  No

If yes, please describe the local district procedure 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.

Hours related to participation in independent (not directly supervised) job search activities, such as submitting job applications or interviewing for a job, will be reported based upon client logs of the time required to complete such activities. Temporary Assistance recipients will be required to participate in job search for up to 40 hours per week and are assigned to contact a minimum of 10 contacts per week, circumstances permitting

This time may include travel time to and from potential employers. The job search log will be reviewed by the Vendor/DSS staff to assess the extent to which a reasonable number of contacts were made during the time reported. Attention will be given to the amount of time required to identify, apply and interview for a job as well as time spent preparing and sending follow-up

materials to an employer. Vendor/DSS staff will review time logs for completeness and reasonableness. Hours of participation reported by the customer that are determined to be incomplete or not reasonable must not be reported as actual hours of participation. The Vendor/DSS staff will contact a sample of employers periodically to verify that the participant actually contacted the employer about a job. However, such reviews will not occur in those instances when the Vendor/DSS staff determines that conducting such direct employer contact for documentation would jeopardize current or future job entry efforts by other Temporary Assistance (TA) customers. Face-to-face contact with job search participants must occur no less frequent than weekly.

### 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:

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.

Job Development is incorporated into the Yonkers Chamber of Commerce (YCC) Case Manager's job description. Job development begins at the orientation process when the customer first meets with the YCC Case Manager and continues through the assessment and self-sufficiency stages.

YCC is responsible for job development through a variety of resources and strategies: YCC represents more than 700 businesses, making it the single largest business organization in the City of Yonkers. Member businesses meet on a monthly basis, and the Executive Director of the Employment Services project reports out to the member businesses at Board of Directors' meetings on the status of employment for Temporary Assistance customers and solicits employment opportunities.

YCC utilizes the Yonkers and Westchester County One-Stops as employment resources for Temporary Assistance customers. PA recipients meet on a monthly basis with their YCC Case Manager to assess the status of their Individual Employment Plan and determine their next step towards self-sufficiency. Customers are referred to the One-Stop to search websites and the NYSDOL job bank for potential employment.

YCC works directly with local economic development agencies to identify, in advance, new jobs proposed for Westchester County.

YCC works with local employers who currently employ former Temporary Assistance customers to assess their performance and encourage additional hires.

The Urban League Job Developer works with customers to connect them to employment opportunities that are permanent and will lead to self-sufficiency. Urban League Job Developer works with approximately 800 companies throughout Westchester County and the tri-state area with some that have national and international placement opportunities.

The Job Developer interviews each customer prior to referring for Job Placement. After the initial job development assessment, the employment match process begins. Through this process, the Job Developer seeks to make appropriate job placement matches that take into consideration the customers skills, housing needs, transportation accessibility, child care barriers, and lifetime goals.

It is also the responsibility of the Job Developer to ensure that the employers' needs are met so that they receive qualified candidates who will benefit the company.

Urban League strives to have as many diversified placements as possible. Occasionally positions could be custom-made for the customer, which increases the possibility for self-sufficiency and success.

Westhab has a Job Developer who sees customers that are job ready on a regular but part time basis. The Job Developer sees customers as scheduled in the office or makes individual appointments at Westhab's Employment and Training office in Mt. Vernon. A number of customers are now working through the assistance of the Job Developer. The Job Developer notifies Westhab staff of job fairs and similar information.

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:

TABE tests are conducted, providers that are licensed to provide Adult Basic Education, GED preparation, and English language instruction are utilized.

- 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:

Westchester County maintains contracts with several providers for these services for our customers including but not limited to Westhab, Urban League and CHI (See section 2.1- complete list of providers attached).

- 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. Districts that have at least

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.

Frequent meetings are held to review the caseload and meet participation rate requirements. COGNOS and WTWCMS reports are used to evaluate the caseload and find customers in need of additional enrollments. Customers are assigned to multiple activities as listed above. Westchester County will increase the number of vocational training or job skills enrollments by at least 32 additional participants engaged in these training activities.

- d. Education and training providers are evaluated by the following standards:
1. Must be licensed by the New York State Department of Education or other appropriate licensing agency for the type of training provided;
  2. Must have a demonstrable record of success in placing their graduates in Employment;
  3. Must not require participants to take out a student loan to pay for the cost of the program;
  4. Must offer courses of study leading to employment for jobs in demand in the local economy;
  5. Must have established procedures approved by DSS for reporting attendance and satisfactory progress to DSS for students who are DSS recipients.
- e. The district procedure for advising participants of the approved training providers is:

As part of orientation, recipients are informed of the approved training providers based on the individual employability assessment and plan. Recipients who meet the requirements for education/training described above are also informed of approved training providers along with the programs available.

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

1. Must have minimum reading and math scores required for the specific program being requested.
2. Must have no previous education, training certificate or degree that prepares them to work as determined by DSS.
3. Must not already have a significant work history or marketable job skills for jobs in demand in the local economy as determined by DSS.
4. Training is needed to prepare the recipient for specific work identified in the self-sufficiency plan.  
Employability assessments are completed by YCC, Westhab, Urban League and referrals done to contracted employment vendors.

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

The recipients are notified of approval for enrollment in an activity through the self-sufficiency plan which they sign and also by a copy of the assignment letter which is sent to the provider.

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.

[x] 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.

[x] Additional reasons as stated below:

Westchester County DSS will make every effort to not assign a non-graduate student to work activities during hours that conflict with the student's academic schedule. However, in attempting to schedule work activity assignments around academic schedules, the district may not always find it possible to enroll individuals in activities for the number of hours required to meet work participation rates or to enroll individuals in activities the district believe are necessary for the individual to achieve self-sufficiency. Therefore, if a required work activity assignment is only available during hours that conflict with the student's academic schedule, WCDSS may assign the student to that work activity even though that assignment conflicts with the academic schedule.

The requirements governing work-study placements do not supersede the requirements that an applicant or recipient participate in other work activities or accept an offer of employment, as determined appropriate, exclusively by the Department of Social Services.

- 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 every recertification, the case manager uses the "School Attendance Verification" form, DSS-3708 or a current letter from the school, in order to verify that the teen is still attending school.

- 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:

When assigning a customer to a work activity, the DSS/vendor staff will notify the provider in writing about the participant's health related restrictions or limitations without disclosing the specific diagnosis or medical condition. To ensure that providers are responding to notifications of work limitations, the Department monitors the sites for compliance.

### 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 or vendor specific attendance folder;
- 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 or vendor specific attendance folder; 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):

Westchester County will perform a random sample of 10 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 WTCMS and documentation is in the file to support hours reported on WTCMS and that the scheduled hours on WTCMS is consistent with the documentation.

Westchester County will perform a random sample of 20 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 WTCMS, excused absences and holiday time are documented in the case file and correctly reported on WTCMS in accordance with federal limitations, and that documentation of actual hours of attendance is accurate and matches the hours of participation reported on WTCMS by district or provider staff.

Westchester County will perform a random sample of 10 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.

Westchester County will perform a random sample of 10 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.

Westchester County will perform a random sample of 10 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

Westchester County will assess and verify that participation in the work activities reported for work eligible individuals meets the Federal definition for that activity.

A summary report will be prepared following each review period, and forwarded to Kathy Nagy at [Kathleen.Nagy@otda.state.ny.us](mailto:Kathleen.Nagy@otda.state.ny.us).

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):

Providers will do their own internal reviews, but it will be the responsibility of the Westchester County DSS to do a quality assurance review of each of the vendors they contract their employment program out to, using the same criteria used in the worker collected documentation as mentioned above.

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.):

In order to meet eligibility regulations for receipt of Temporary Assistance, an applicant or recipient must participate in activities designed to lead to self-sufficiency. This includes customers that are exempt from a work activity due to a physical, mental or drug/alcohol impairment. DSS staff is responsible for the initial classification of the customers as employable, temporarily unemployable, or permanently unemployable. The classification is based on information received from the applicant or recipient, individual's personal physician, Industrial Medicine Associates, CASAC, etc. The case manager will provide the following:

1. Referral to the appropriate person and/or health care provider for a comprehensive employability assessment. This assessment identifies the nature of the impairment, such as medical, mental health, or drug/alcohol, and determines the duration of said disability. The assessment also makes a determination on whether or not an individual can restore or improve employability through treatment or other rehabilitative activities. DSS staff and contractors are responsible for monitoring recommended treatment /rehabilitative services. Standard DSS forms are used for this purpose.
2. Intensive case management and supportive services to identify the barriers that prohibit these customer customers from achieving self-sufficiency.
3. Multi-service strategies such as multiple client contacts, health care provider intervention, and support group programs, when appropriate.
4. Attendance monitoring of customers enrolled in a drug or alcohol treatment site. The vendor shall use WTWCMS and any other systems support already in place to monitor/report attendance/progress. This activity requires coordination with N.Y. State Oasis certified CASACs, DCMH (Department of Community Mental Health) and other community substance abuse services, including but not limited to Drug Court, Parole, Probation if appropriate;
5. The DSS/vendor case manager will also monitor on a monthly basis whether the customer is keeping his/her mental health and medical appointments.
6. Referral of permanently unemployable customers to current provider for establishment of SSI eligibility. This program assists temporarily unemployable TANF, Safety Net Adults, as well as foster care customers apply for and start receiving SSI benefits. (Also refer to Section 6.)

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

(See section 3.8a.)

- 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.:

(See section 3.8a.)

### 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.

Frequent meetings are held with office staff and contracted providers identifying specific cases that are not meeting participation rate requirements. Cases in noncompliance, excessive absences, good cause etc. are focused on and strategies are discussed to successfully move the customers toward self sufficiency. Westchester County intervenes on customers' behalf to reduce absences for appointments with legal entities, government agencies and other vendors.

Westchester has approved funding to implement the Intensive Case Services for Non Compliant Families program. Under this program, Family Services of Westchester, HOPE and Westcop are contracted to work with customers who have chronic non compliance issues and to reengage them as quickly as possible addressing multiple barriers. Substance Abuse Monitoring Unit works closely with the substance abuse treatment providers and CASAC workers to minimize absences and increase 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:

Customers are called in periodically to evaluate how they are meeting expenses on a reduced grant. Family Services of Westchester, HOPE and Westcop are contracted under the Intensive Case Services for Non Compliant Families program to work with customers who are sanctioned or not in compliance with their employment requirements and to reengage them as quickly as possible addressing multiple barriers.

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

Customers are called in by the providers to reengage as soon as the sanction time has been completed.

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

Customers are called in periodically to evaluate how they are meeting expenses on a reduced grant. Family Services of Westchester, HOPE and Westcop are contracted to work with customers who are sanctioned and to reengage them as quickly as possible addressing multiple barriers.

### Section 3.11 Diversion Strategies

[ ] District has no specific diversion strategies.

[x] District's diversion strategies are described below:

Whenever possible, the DSS Case Manager explores all possible resources in order to divert the customer from temporary assistance, and directly into employment. Diversion is done in tandem with meeting any emergent needs of the applicant, thereby substituting short-term assistance versus ongoing/recurring temporary assistance. The assistance is generally less than 90 days and must not extend more than four months in duration. In most instances, the intervention will occur when the Department has information that the individual will have the opportunity of employment within 30-60 days of the initial application. In some instances, the individual will be employed and will have a crisis situation or episode of immediate need, which can be met and will divert the individual from the need for ongoing assistance.

- For A/R households the WCDSS will meet the cost of rent security, brokers fees, home repairs, moving costs and other expenses necessary to enable a household to retain the home or relocate to housing which is more convenient to work.
- Expenses for the maintenance of a motor vehicle when the vehicle is essential to enable the individual to work, there is no public transportation available, and the work hours do not conform to the public transportation schedule.
  1. Allow up to \$1000 or the retail value as listed in the NADA Appraisal Guide, whichever is less for the repairs if the A/R has a job or bona fide offer of employment.
  2. Up to \$1000, or the minimum down payment, whichever is less, towards an annual liability insurance premium or other insurance related fees excluding comprehensive and collision insurance premiums for an A/R owned motor vehicle which has passed NYS inspection.

3. Up to \$1500 for the purchase, or up to \$2500 for the purchase and concomitant repair of a motor vehicle that will pass NYS inspection for a recipient who has a full time job or bona fide offer of employment if a motor vehicle is otherwise essential.
  4. When used in conjunction with Westcop Wheels To Work customers may receive a grant from CST of \$4,500 in addition to a loan of \$500 to purchase a car for employment
  5. Funds to cover the cost of vehicle registration
  6. Funds for obtaining or renewing a NYS motor vehicle operator license including fees for the mandatory five hour class when needed to get or keep a job.
  7. Gas expenses (Up to .485 per mile) for participation in an employment activity that will lead to a job or to cover the cost of transportation until the individual receives his/her first paycheck.
- Fund to provide for the cost of public transportation until the individual receives his/her first paycheck;
  - Expenses for uniforms or necessary clothing, up to \$200, required for employment.
  - Expenses to cover the cost of exams that result in the awarding of professional certifications, licenses, renewals, etc;
  - Expenses for tools and equipment, up to \$500, necessary to enable the individual to secure employment;

#### 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:

The Department will provide child day care subsidies for children through the age of 12 in households eligible for subsidy. Where appropriate, the Department will also subsidize child day care for special needs children over age 12. The Department will refer eligible families unable to make child day care arrangements on their own to the Child Care Council. The name of at least two licensed or registered providers in the appropriate area will be made available to the household. Child day care subsidies will be paid at rates that do not exceed the provider's cost of care and in compliance with the rate regulations set forth in 18NYCRR section 415.9. The rates paid to licensed or registered providers with contracts shall not exceed the negotiated contract rates or the provider's cost of care and shall be in compliance with the regulations set forth in section 415.9. When applicable, the parent share shall be deducted from the payment made by the Department and the parent shall be responsible for paying the parent-share directly to the provider. Active Temporary Assistance recipients will not be required to pay a parent share.

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:

1. Up to \$150.00 for each license or for the other work-related fees necessary for participation in employment or activities;
2. Tools and equipment necessary to participate in employment or activities (not to exceed \$500 during any period of eligibility for TA);
3. Payments for summer camp as a child care arrangement for children of TANF recipients participating in an approved employment or training activity, up to the market rate for full time child care in a day care center.

ONE-TIME EMPLOYMENT RELATED EXPENSES – In addition to the support services listed above, Westchester DSS will provide the one-time employment related expenses listed below to applicants and to recipients of TA if determined to be necessary to enable them to obtain, accept or retain employment, and if funds from other sources are insufficient to meet the recipient's needs.

1. Job related safety equipment, up to a maximum of \$200.00 for each entry to employment;
  2. Clothing, including but not limited to uniforms and footwear, up to a maximum of \$205.00 for each entry to employment;
  3. Tools and equipment, up to a maximum of \$500.00 during any period of continued eligibility for TA;
  4. Up to \$150.00 for each license or for other work related fees;  
Reasonable costs of necessary repairs to a WTW participant's automobile, up to a maximum of \$500.00 or the retail value of the automobile if that value is less, during any period of eligibility for TA and legally required automobile insurance, up to a maximum of \$1,000.00 during any period of eligibility for TA.
- 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): The Department will authorize payments for transportation to and from a work or training activity site, at a cost not to exceed the cost of public transportation if available, or if not, at a level not to exceed the reimbursement rate for private transportation regularly paid by the local district to its employees (up to .485 cents per mile). This includes the cost of transporting children of employment or training participants to and from child day care.

The Department is committed to availing itself of any Federal or State funding in order to enhance transportation services for its customers such as Community Solutions for Transportation (CST), etc.

Public transportation is generally available throughout the County. Work sites not accessible by public transportation will be addressed on an individual case basis and by the strategies described above.

The Department does not anticipate assigning clients to work activities in any remote sites. If recipients obtain employment in a remote area, the Department will use the strategies described above to address their transportation needs.

Particular attention will be given to areas where unsubsidized employment prospects exist but clients ready to fill those jobs lack the means to get to the sites.

- 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:

Public transportation is generally available throughout the county. In those instances where public transportation is not available, Westchester County will require a participant to walk to a work activity assignment, for a maximum of two miles (taking into consideration, weather conditions, day care requirements of children, health related limitations, etc).

- 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:

Whenever possible, the Case Manager explores all possible resources in order to divert the customer from TA, and directly into employment. Diversion is done in tandem with meeting any emergent needs of the applicant, thereby substituting short-term assistance versus ongoing/recurring public assistance. The assistance is generally less than 90 days and must not extend more than four months in duration. In most instances, the intervention will occur when the Department has information that the individual will have the opportunity of employment within 30-60 days of the initial application. In some instances, the individual will be employed and will have a crisis situation or episode of immediate need, which can be met and will divert the individual from the need for ongoing assistance.

- For A/R households the WCDSS will meet the cost of rent security, brokers fees, home repairs, moving costs and other expenses necessary to enable a household to retain the home or relocate to housing which is more convenient to work.

- Expenses for the maintenance of a motor vehicle when the vehicle is essential to enable the individual to work, there is no public transportation available, and the work hours do not conform to the public transportation schedule.
  1. Allow up to \$1000 or the retail value as listed in the NADA Appraisal Guide, whichever is less for the repairs if the A/R has a job or bona fide offer of employment.
  2. Up to \$1000, or the minimum down payment, whichever is less, towards an annual liability insurance premium or other insurance related fees excluding comprehensive and collision insurance premiums for an A/R owned motor vehicle which has passed NYS inspection.
  3. Up to \$1500 for the purchase, or up to \$2500 for the purchase and concomitant repair of a motor vehicle that will pass NYS inspection for a recipient who has a full time job or bona fide offer of employment if a motor vehicle is otherwise essential.
  4. Funds to cover the cost of vehicle registration
  5. Funds for obtaining or renewing a NYS motor vehicle operator license including fees for the mandatory six hour class when needed to get or keep a job.
  6. Gas expenses (Up to .485 per mile) for participation in an employment activity that will lead to a job or to cover the cost of transportation until the individual receives his/her first paycheck.
- Funds to provide for the cost of public transportation until the individual receives his/her first paycheck.
- Expenses for uniforms or necessary clothing, up to \$200, required for employment.
- Expenses to cover the cost of exams that result in the awarding of professional certifications, licenses, renewals, etc.
- Expenses for tools and equipment, up to \$500, necessary to enable the individual to secure employment.
- Camp or other programs for children exceeding the mandatory day care age when the parent has no other suitable arrangement for the child(ren) and it is determined to be unsafe for the child to remain in the home alone.
- 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 has increased the number of bilingual staff in the field offices as well as expanded its access to additional interpreters of various languages via various community resources and faith based organizations to service our diverse customer population.

In addition, many of our contractors employ bilingual staff that are available to assist our referred customers in their various assigned activities. We also have a number of programs that provide ESL services geared toward the work place. We have worked with a number of organizations and advocacy groups such as the Hispanic Coalition to provide training programs customized for individuals whose first language is not English.

[ ] 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:

- Funds to provide for the cost of public transportation until the individual receives his/her first paycheck.
- Expenses for uniforms or necessary clothing, up to \$200, required for employment.
- Expenses to cover the cost of exams that result in the awarding of professional certifications, licenses, renewals, etc.
- Expenses for tools and equipment, up to \$500, necessary to enable the individual to secure employment.

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.

In accordance with NYS regulations the Department will provide the following transitional benefits.

1. Transitional Medical Assistance is provided for up to 6 months under the Low Income Families (LIF) Medicaid program to TANF recipients who lose Medicaid eligibility due to excess income from employment or from a combination of employment and unearned income, including child support payments and:

- received Medicaid under LIF for 3 out of the last 6 months.
- have a child under the age of 21 living with them.
- are or were working or
- spouse is or was working.
- ADDITIONAL EXTENSION (Up to 6 months)

After receiving the initial 6 months of Transitional Medical Assistance, certain households are eligible for additional TMA extensions, if they meet the following criteria.

1) The household received the entire six (6) months of the initial TMA extension.

AND

2) A dependent child must continue to live in the household.

AND

- 3) The household must respond to the quarterly reports mailed by the State Division of Temporary Assistance.

AND

- 4) The caretaker relative must have earnings in each of the three (3) months prior to the quarterly report, unless she/he has a legitimate reason, such as an illness or involuntary loss of employment.

AND

- 5) The household's average gross monthly earned income (less child care cost necessary for employment of the caretaker relative) for the three (3) months prior to the quarterly report was equal to or less than 185% of the federal poverty line.

## 2. Transitional Child Care

Who is Potentially Eligible?

TANF recipients who lose their Temporary Assistance eligibility due to:

- Increased earned income;
- Increased hours worked by principal wage earner;
- Loss of income disregards;
- Increased income from Child Support;

Additional:

- The family must have received TA during at least three of the six months immediately preceding the first month of ineligibility;
- The family must request transitional benefits and provide all documents necessary to determine eligibility; and
- The family's income does not exceed 200% of the federal poverty level;
- Transitional child care is available for up to 12 months if all the above conditions continue to be met;
- There is a parent fee for a part of the cost of child care based on income.

NOTE: Individuals who lose their TA eligibility due to employment will be eligible to apply for one time assistance with employment related expenses in the event such circumstances arise.

### 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.

The Department offers a number of services for the 200% population through FFFS. Westchester County has contracts with educational institutions to provide vocational and skill enhancement training programs for this target population. There are also programs available that focus specifically on youth by utilizing mentoring to nurture and promote positive attitudes towards education and employment. These programs may involve tutoring, familiarizing students with computers, and addressing at risk behaviors in order to better the students' chances for successful employment when they are older. Westchester County uses Community Solutions for Transportation funding to address the transportation needs of low-income families securing and maintaining employment. In addition to the above, Westchester County facilitates access to other supportive services such as childcare, MA, and FS.

### 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:

DSS will cover the necessary transportation costs of any individual required to participate in an FSET activity.

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

FSET RELATED EXPENSES – In addition to child care and transportation support services, Westchester DSS will provide payment for work, training, or education-related items/expenses for FSET participants if determined to be necessary to enable them to obtain, accept or retain employment, and if funds from other sources are insufficient to meet the recipient's needs once the need has been established.

**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:

Customers in non-compliance are mailed a conciliation notice. If the customer responds within the time specified in the notice, an Employment Counselor or designated Eligibility Examiner conducts the interview and reviews documentation presented. If good cause is established, the customer is again referred to the employment worker for follow up. If the customer fails to respond to the conciliation notice or if the department determines from the conciliation that the individual’s refusal to comply or failure to comply was without good cause, then the sanction process is initiated by the Eligibility Examiner.

The good cause/willfulness determination is made by:

- client’s employment worker
- a supervisor
- separate entity (please describe below)
- Other (please describe below)

DSS examiner or Employment Counselor.

**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:

Customers must perform the assigned activity for a minimum of 5 consecutive days as assigned to be in compliance and end the sanction.

**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)

[Click here and type the procedure]

#### 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.

- Employability Assessment Report DCMH, Form #1681
- Alcohol/Substance Abuse Screening Instrument, DSS 4571

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:

All applicants/recipients are required to have an employability assessment. The physical, psychological and intelligence assessments for determination of employability will be conducted by Industrial Medicine Associates (IMA). The alcohol and substance abuse assessments will be

done by the CASAC. The health care provider is required to complete the following forms as appropriate to the condition presented by the customer:

- Physical Assessment For Determination of Employability
- Psychological Assessment For Determination of Employability
- Intelligence Assessment For Determination of Employability
- Alcohol/Substance Abuse Screening Instrument, DSS 4571
- Employability Assessment Report DCMH, Form #1681

Note: Westchester County notifies individuals in writing of the disability determination by issuing them an LDSS-4005 or LDSS-4005a.

**DEPARTMENT OF SOCIAL SERVICES  
EMPLOYABILITY ASSESSMENT REPORT DCMH**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_ CEN# \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_ CASE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SEX \_\_\_\_\_

( ) ADC ( ) JHR ( ) NEW ( ) RECERT

EXAMINATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FROM: \_\_\_\_\_ PH. EXT \_\_\_\_\_

WORKER \_\_\_\_\_ DISTRICT OFFICE \_\_\_\_\_

Client claims or evidences the following problems: \_\_\_\_\_

**WAIVER FOR RELEASE OF MEDICAL INFORMATION:** I hereby authorize the addressee to disclose to the Department of Social Services, and the Department of Social Services to disclose to the addressee, any diagnosis made, or condition revealed, as a result of examination or treatment given. I understand that the information will be treated as confidential

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF WITNESS

TO BE COMPLETED BY DCMH

A. PRESENTING PROBLEM: \_\_\_\_\_

- B.  Client is capable of working at this time.  
 Client is capable of working at this time with limitations.  
 Client is temporarily unemployable.  
 Client is permanently unemployable/potentially eligible for SSI. Psychiatric medical report attached.

Please specify psychiatric limitations, if any: \_\_\_\_\_

DXL AXIS I: \_\_\_\_\_ PRIMARY DX ICD9 CODE # \_\_\_\_\_

DX AXIS II: \_\_\_\_\_

C. Please estimate the degree of impairment in each of the following:  
 (\*Please circle the appropriate rating)

|  | None | Mild | Moderate | Severe |
|--|------|------|----------|--------|
| a) Comprehend and follow the instructions: | None | Mild | Moderate | Severe |
| b) Ability to work with others:            | None | Mild | Moderate | Severe |
| c) Perform simple tasks:                   | None | Mild | Moderate | Severe |
| d) Perform complex tasks:                  | None | Mild | Moderate | Severe |
| e) Perform repetitive tasks:               | None | Mild | Moderate | Severe |
| f) Ability to maintain attention:          | None | Mild | Moderate | Severe |
| g) Maintain a normal work day:             | None | Mild | Moderate | Severe |
| h) Work at a normal pace:                  | None | Mild | Moderate | Severe |
| i) Normal occupation:                      | None | Mild | Moderate | Severe |

D. Client is Referred to: ( ). Is in treatment at: ( ). Needs Physical Exam. ( ).

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_

Additional comments: \_\_\_\_\_

E. When should client be re-assessed for employability? \_\_\_\_\_

|                    |                        |
|--------------------|------------------------|
| PRINT NAME _____   | SIGNATURE & DATE _____ |
| MSW/MA/RN          |                        |
| PRINT NAME _____   | SIGNATURE & DATE _____ |
| Lic. Ph.D. or M.D. |                        |

\*Ratings None: No Impairment Mild Some Impairment doesn't affect functioning. Moderate: Impaired but able to function. Severe: Serious impairment which affects functioning.

|                    |                    |             |
|--------------------|--------------------|-------------|
| CASE NAME          | CASE NUMBER        | CLIENT NAME |
| OFFICE/UNIT NUMBER | WORKER NAME/NUMBER | CIN NUMBER  |

**Section A. Alcohol and Drug Abuse Screening and Referral Form**

Please answer the following questions:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. If you have received temporary assistance in the last two (2) years, did you have problems in complying with work rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you lost a job or gotten into trouble at work within the last two (2) years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any legal problems within the last two (2) years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever attempted to cut down on your alcohol or drug use?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you felt the need to take a drink or use drugs when you awaken?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been annoyed by people making comments about your drinking or drug use?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been treated for the following medical problems: <i>Hepatitis C, Liver Disease or Tuberculosis</i> ?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever felt guilty about your drinking or drug use?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been in treatment for alcoholism and/or substance abuse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would you like information about alcoholism and/or substance abuse treatment?   | <input type="checkbox"/> | <input type="checkbox"/> |

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

|  |                        |
|--|------------------------|
| Referred for drug/alcohol assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Appt. Date/Time: _____ |
| Staff Signature: _____   | Date: _____            |

|                    |                    |             |
|--------------------|--------------------|-------------|
| CASE NAME          | CASE NUMBER        | CLIENT NAME |
| OFFICE/UNIT NUMBER | WORKER NAME/NUMBER | CIN NUMBER  |

**Section B. Behavioral Observation and Referral Form** (see instructions on reverse)

Client shows the following possible signs of alcohol and/or substance abuse: (check all that apply).

**1. Behavior Observation**  
*(If two or more boxes checked, refer for assessment.)*

- Appears intoxicated
- Alcohol on breath or body odor
- Drowsy appearance or nodding out, fatigue
- Impairment in attention or memory
- Lack of coordination, unsteady gait (staggering, off-balance)
- Needle marks
- Unclear speech (slurred, incoherent, rapid)
- Runny nose (not a cold)
- Jittery, nervous, tremors (shaking & twitching of hands & eyelids)
- Agitated, belligerent, argumentative
- Hyperactive, continuous talking or movement
- Visible abscesses
- Constricted or dilated pupils, glassy eyes

**2. Observations from Case Record (if available)**  
*(If two or more boxes checked, refer for assessment.)*

- Homeless
- Active child welfare case
- On temporary assistance 48 months or more
- Active employment sanction
- On temporary assistance more than once in the past two (2) years
- Information in case history (DWI, failing work assignment):  
\_\_\_\_\_  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_

|  |                        |
|--|------------------------|
| Referred for drug/alcohol assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Appt. Date/Time: _____ |
| Staff Signature: _____   | Date: _____            |

|                          |                                |                    |
|--------------------------|--------------------------------|--------------------|
| NOMBRE DEL CASO          | NÚMERO DEL CASO                | NOMBRE DEL CLIENTE |
| NÚMERO DE OFICINA/UNIDAD | NOMBRE Y NÚMERO DEL TRABAJADOR | NÚMERO DE CRI      |

**Sección A. Formulario para el Proceso de Detección de Alcohol/Drogas y de Referencia**

Favor de contestar las siguientes preguntas:

|  | Si                       | No                       |
|--|--------------------------|--------------------------|
| 1. Si usted ha recibido asistencia temporal durante los últimos dos (2) años, ¿tuvo problemas para cumplir con los reglamentos de trabajo? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Durante los últimos dos (2) años, ¿ha perdido un trabajo o ha tenido problemas en el trabajo?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Durante los últimos dos (2) años, ¿ha tenido algunos problemas legales?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ¿Alguna vez ha tratado de reducir su consumo de alcohol o drogas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ¿Alguna vez ha sentido la necesidad de tomar alcohol o usar drogas al despertarse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ¿Alguna vez se ha sentido molesto(a) si alguien comenta sobre su uso de alcohol o drogas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ¿Alguna vez ha recibido tratamiento para los siguientes problemas médicos - Hepatitis C, Enfermedad del Hígado o Tuberculosis?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ¿Alguna vez se ha sentido culpable por su uso de alcohol o drogas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ¿Alguna vez ha recibido tratamiento para el alcoholismo o abuso de drogas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ¿Le gustaría recibir información sobre el tratamiento para el alcoholismo o abuso de drogas?   | <input type="checkbox"/> | <input type="checkbox"/> |

Firma del Cliente: \_\_\_\_\_ Fecha: \_\_\_\_\_

¿Referido(a) para evaluación de alcohol/drogas? Sí No Fecha/Hora de Cita: \_\_\_\_\_  
 Firma del Personal: \_\_\_\_\_ Fecha: \_\_\_\_\_

|                          |                              |                    |
|--------------------------|------------------------------|--------------------|
| NOMBRE DEL CASO          | NÚMERO DEL CASO              | NOMBRE DEL CLIENTE |
| NÚMERO DE OFICINA/UNIDAD | NOMBRE/NÚMERO DEL TRABAJADOR | NÚMERO DE CIN      |

**Sección B. Formulario de Observación de Comportamiento y de Referencia (véase instrucciones al dorso)**

El cliente demuestra los siguientes síntomas posibles de abuso de alcohol o drogas: (marque toda respuesta pertinente)

**1. Observaciones de Comportamiento**  
*Señalar los síntomas que se observaron durante la observación.*

- Aparenta estar ebrio(a)/borracho(a)
- Se siente olor a alcohol proveniente del aliento o del cuerpo
- Aparenta sueño(a), cabecea o tiene fatiga
- Deterioro de atención o memoria
- Falta de coordinación, paso vacilante (tambalea, pierde equilibrio)
- Marcas de agujas
- Incoherente al hablar (rápida, pronunciación incomprendible)
- Mocosos de la nariz (no debido a gripe)
- Nerviosismo, temblores, (espasmos o movimiento involuntario de las manos o párpados)
- Agitado(a), hostil, siempre lleve la contraria
- Hiperactivo, habla o se muave sin parar
- Abscesos visibles
- Pupilas contraídas o dilatadas y con una mirada perdida

**2. Observaciones del Expediente (si aplica)**  
*Señalar los datos que se aplican a la historia del cliente.*

- Está sin hogar o es un desamparado(a)
- Tiene caso activo del bienestar de los niños
- Tiene asistencia temporal por 48 meses o más
- Tiene sanción activa de empleo
- Ha recibido asistencia temporal más de una vez durante los últimos dos(2) años
- Información del expediente, (DWI, falta de cumplimiento con asignación de trabajo)
- \_\_\_\_\_
- Otro: \_\_\_\_\_
- \_\_\_\_\_
- Otro: \_\_\_\_\_
- \_\_\_\_\_

¿Referido(a) para evaluación de alcohol/drogas? Sí No Fecha/Hora de Cita: \_\_\_\_\_  
 Firma del Personal: \_\_\_\_\_ Fecha: \_\_\_\_\_

**SCHOOL ATTENDANCE VERIFICATION**

PLEASE ANSWER, ACCORDING TO YOUR RECORDS, ALL QUESTIONS REGARDING THE CHILD(REN) LISTED ON THE FRONT: Enter date the Emergency Card was completed \_\_\_\_\_

1. A. Please indicate the enrollment and attendance status of each child:

| Name of Child | Enrollment Status |           |              | Attendance Status |                  |               |
|---------------|-------------------|-----------|--------------|-------------------|------------------|---------------|
|               | Full Time         | Part Time | Not Enrolled | Satisfactory      | Not Satisfactory | Not Attending |
|               |                   |           |              |                   |                  |               |
|               |                   |           |              |                   |                  |               |
|               |                   |           |              |                   |                  |               |
|               |                   |           |              |                   |                  |               |

B. For those children 17 years of age or older, please give the expected month/year of graduation of each:

|      |          |       |          |
|------|----------|-------|----------|
| Name | Mo./Yr.: | Name: | Mo./Yr.: |
|------|----------|-------|----------|

2. Who is listed as the parent(s) or legal guardian?

|       |       |
|-------|-------|
| Name: | Name: |
|-------|-------|

3. What is the home address of the child(ren)?

| Name | Address | City | State | Zip Code |
|------|---------|------|-------|----------|
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |

4. Name of person(s) with whom the child(ren) resides:

|       |
|-------|
| Name: |
| Name: |

5. Does the Emergency Card indicate that the parent(s)/legal guardian is employed?

Yes

No

If Yes, Where?

| Employer's Name | Address | City | State | Zip Code |
|-----------------|---------|------|-------|----------|
|                 |         |      |       |          |
|                 |         |      |       |          |

6. What is the emergency number where the parent(s)/legal guardian can be reached? ( ) \_\_\_\_\_

7. According to your records, who is to be notified in case of an emergency, other than the parent or legal guardian?

|           |        |       |          |
|-----------|--------|-------|----------|
| Name:     | Phone: |       |          |
| Address:: | City   | State | Zip Code |

8. Children are required to attend school to the end of the school year during which a child turns:

16 yrs.

17 yrs.

Please *Print* your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION



ANDREW J. SPANO  
County Executive

DATE: \_\_\_\_\_

DEPARTMENT OF SOCIAL SERVICES

KEVIN P. MAHON  
Commissioner

TO: \_\_\_\_\_  
Referring Agency

FROM: \_\_\_\_\_ (D.O.)  
PIW/POWER Program

\_\_\_\_\_ N \_\_\_\_\_  
Client's Name Case #

The individual being referred to you for \_\_\_\_\_, has been  
Activity  
cleared for employment with a medical assessment. The following limitations apply:

Highest level of physical work: \_\_\_\_\_ sedentary \_\_\_\_\_ light \_\_\_\_\_ medium \_\_\_\_\_ heavy.

Physical and Environmental Conditions to be avoided:

Extremes of: \_\_\_\_\_ heat, cold, or variation in temperature

\_\_\_\_\_ noise or vibrations

Exposure to: \_\_\_\_\_ dust or smoke \_\_\_\_\_ liquids, wetness or extreme humidity

Activities: \_\_\_\_\_ climbing \_\_\_\_\_ standing \_\_\_\_\_ balancing \_\_\_\_\_ pushing/pulling

\_\_\_\_\_ stooping \_\_\_\_\_ lifting

Working situations to be avoided:

\_\_\_\_\_ unguarded heights \_\_\_\_\_ unprotected machinery

\_\_\_\_\_ automotive equipment

|             |               |                       |
|-------------|---------------|-----------------------|
| CASE NAME   | CASE NUMBER   | OFFICE NUMBER         |
| UNIT NUMBER | WORKER NUMBER | UNIT OR WORKER NUMBER |

**PRE-TREATMENT ASSESSMENT FORM  
FOR PUBLIC ASSISTANCE APPLICANTS AND RECIPIENTS**

Job-Related Functioning

1. Are you presently employed or have you been employed in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, for each job that you have held:

Describe the type of job: \_\_\_\_\_

How many hours/week? \_\_\_\_\_ How long did you have the job? \_\_\_\_\_

Did you have any trouble on this job related to: (CHECK ALL THAT APPLY)

- absences      lateness      co-workers      supervisors    
 others      understanding instructions    
 completing tasks on time    
 meeting quality requirements of the "product" or service

(Double XX if drinking/drugging caused any of the above "troubles").

Did you lose the job because of your drinking/drugging? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you been in a job-training program in the last 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, for each program that you attended:

Describe the type of program: \_\_\_\_\_

How many hours/week? \_\_\_\_\_ How long was the program supposed to be? \_\_\_\_\_

Did you successfully complete the course? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, how long did you stay?  
\_\_\_\_\_

Did you have any trouble in this program related to: (CHECK ALL THAT APPLY)

absences   lateness   other students    
teachers/trainers   understanding instructions    
completing tasks on time   passing tests

(Double XX if drinking/drugging caused any of the above "troubles").

Did you fail to successfully complete the course because of your drinking/drugging? Yes \_\_\_\_\_ No \_\_\_\_\_

Housing/Living Arrangements

3. How long have you lived at your present address? \_\_\_\_\_

If less than 12 months, how many places have you lived in over the last 12 months? \_\_\_\_\_

For each place you lived, for how long? \_\_\_\_\_ And why did you leave? \_\_\_\_\_

4. For the present address, do you hold the lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what is your relationship with the person who holds the lease?  
\_\_\_\_\_

Are you "doubled-up" in this apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Of all the adults who live with you, how many drink or drug? \_\_\_\_\_

Do you drink or drug with them? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, is this in the apartment or somewhere else? Explain: \_\_\_\_\_

6. Have you ever been homeless in the past 12 months? (Had to go to a homeless shelter, be placed in a motel by the Welfare Department, stay overnight on the street or in a public place, sleep in a car).  
Yes \_\_\_\_\_ No \_\_\_\_\_

Family/Social Relationships

7. What people in your family do you consider close to you? Who cares about you? Who helps you when you are in trouble? \_\_\_\_\_

If there are such people, how often do you spend time with them and what do you do together? \_\_\_\_\_

\* Do any of the people close to you in your family drink or drug?

If Yes, is this all or most, some, only a few? \_\_\_\_\_

Have any of the people in your family who are close to you told you to stop drinking or using drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, do you think any of these people would try to help you stay clean and sober? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Who else do you consider close to you? Who cares about you? Who helps you when you are in trouble? \_\_\_\_\_

If there are such people, how often do you spend time with them and what do you do together? \_\_\_\_\_

Do any of your close friends drink or drug? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, is this all or most, some, only a few? \_\_\_\_\_

Have any of your friends told you to stop drinking or using drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, do you think any of these people would try to help you stay clean and sober? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you sell your food stamps or otherwise trade your food stamps for alcohol/drugs? Yes \_\_\_ No \_\_\_

Has your use of alcohol or drugs interfered with your ability to care for your children? Yes \_\_\_ No \_\_\_

Alcohol/Substance Abuse Patterns

9. In the last 12 months, have you gotten intoxicated or high? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, identify each substance (e.g., alcohol, crack, heroin): how much is typically used; how long is a typical episode; how frequently does this occur? \_\_\_\_\_

The remaining questions are ONLY for those persons who answered Yes to question #9.

10. In the last 12 months, have you ever tried to "cut down" or stop your drinking or drugging? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were you successful, and for how long were you clean and sober? \_\_\_\_\_

11. When you have been drinking or drugging, were you ever hospitalized because of something that happened either while you were drinking/drugging, or just before or just after such an episode of getting drunk or high? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe what happened to you. \_\_\_\_\_

12. Do you spend food money or rent money on alcohol or drugs? Yes No

13. When you have been drinking or drugging, have you ever gotten into fights with other people that resulted in either one or both of you getting seriously hurt? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe what happened to you. \_\_\_\_\_  
\_\_\_\_\_

14. When you are drinking or drugging, what arrangements do you make for watching your children? (e.g., do you take them with you; who stays with them?) \_\_\_\_\_  
\_\_\_\_\_

15. When you have been drinking or drugging, have you ever experienced severe withdrawal symptoms (e.g., hallucinations, seizures) or acute intoxication (e.g., drug overdose)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe what happened to you. \_\_\_\_\_  
\_\_\_\_\_

16. How much money do you spend on drugs and alcohol per week? \_\_\_\_\_  
\_\_\_\_\_

How do you support your habit? \_\_\_\_\_  
\_\_\_\_\_

17. In the last 2 years, did you ever go to alcohol/substance abuse treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

18. When, where, and with whom do you use drugs? \_\_\_\_\_  
\_\_\_\_\_

If Yes, describe what type of program, what happened to you there (including how long you stayed involved and whether you are still participating in that program): \_\_\_\_\_  
\_\_\_\_\_

For those persons who are still enrolled in a treatment program, identify the name and address of the program and the telephone number of the staff person to contact through the Patient Informed Consent for Disclosure of Confidential Information process: \_\_\_\_\_  
\_\_\_\_\_

### Medical/Psychiatric Consequences

In the past 12 months, have you experienced any kind of physical health or psychiatric problem that you think happened right before, during or just after a drinking or drugging episode (e.g., severe breathing problems just after a crack run, or a suicidal gesture or attempt after a long drinking binge)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe what happened to you: \_\_\_\_\_

If yes to psychiatric problems, describe any mental health treatment you received (what type of program, what happened to you there, how long you stayed involved and whether you are still participating in that program): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For those persons who are still involved in a mental health treatment program, identify the name and address of the program and the telephone number of the staff person to contact through the Patient Informed Consent for Disclosure of Confidential Information process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic health problems or current medical conditions that you are aware of (e.g., diabetes, pregnancy, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic psychiatric problems that you are aware of?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Legal Consequences

In the last 12 months, have you had any convictions resulting from your drinking or drugging? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe the type of conviction (felony, misdemeanor) and what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Consequences

19. In the last 12 months, have you been actively involved in any community-based organizations or groups, such as a tenants' group, the PTA at your child's school or a church group? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe the group or organization and the kinds of activities you participate in: \_\_\_\_\_  
\_\_\_\_\_

20. How do you spend your day? (The time you're up in the A.M., and the time you go to bed in the P.M.) \_\_\_\_\_  
\_\_\_\_\_

21. Do you consider yourself part of a neighborhood or community - where you grew up - where you live now - in which you have ongoing relationships with people who are not involved in drinking or drugging behavior? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you think is important for me to know about your situation?

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Direct Observation of Client's Appearance and Behavior:

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Additional Comments by Person Doing the Assessment:

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FINAL RECOMMENDATION

Customer Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
CIN Number: \_\_\_\_\_

District Office: \_\_\_\_\_  
Unit: \_\_\_\_\_

Family Assistance: \_\_\_\_\_ Safety Net: \_\_\_\_\_

Instructions:

If at least four of the Assessment Domains are rated Highly Effective, and none are rated Severely Impaired, then the applicant/recipient should be referred to Work Experience activities with no recommendation for alcohol/substance abuse treatment.

If at least four of the Assessment Domains are rated Moderately Effective, and no more than one is rated Severely Impaired - unless the Domain rated Severely Impaired is the Alcohol Substance Abuse Patterns domain - then the applicant/recipient should be referred to Work Experience with the recommendation for concurrent outpatient alcohol/substance abuse treatment of such a frequency and intensity as to be reasonable for the individual to accommodate both Workfare and treatment into a weekly schedule of activities.

If the Alcohol/Substance Abuse Patterns domain, and at least one other domain, are rated Severely Impaired, then the applicant/recipient should be referred to an OASAS-licensed treatment program for full evaluation with the recommendation that the individual be evaluated for intensive outpatient treatment or residential treatment prior to his-her participation in Workfare. The full evaluation should be performed at an alcohol outpatient program, drug free program or MMTP as appropriate.

Recommendation:

- 1. \_\_\_\_\_ Client failed to cooperate with assessment.
- 2. \_\_\_\_\_ No alcohol substance abuse indicated.
- 3. \_\_\_\_\_ Alcohol/substance abuse indicated but able to work.
- 4. \_\_\_\_\_ Alcohol/substance abuse indicated, unable to work.
- 5. \_\_\_\_\_ Mental illness may be primary reason unable to work-further assessment needed.
- 6. \_\_\_\_\_ Health problem/medical condition may be primary reason unable to work-further assessment needed.
- 7. \_\_\_\_\_ Stable in alcohol/drug abuse treatment, able to work.

If conclusion is 4, 5 or 6, client will be referred to: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of CASAC: \_\_\_\_\_

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

- 7 -  
RATING FORM

ASSESSMENT DOMAINS: In the last 12 months [Check the appropriate box for each domain]

HIGHLY EFFECTIVE LEVEL  
OF DAILY FUNCTIONING

MODERATELY EFFECTIVE LEVEL  
OF DAILY FUNCTIONING

SEVERELY IMPAIRED LEVEL:

Job-Related Functioning:  
Successfully employed  
for at least three months

Employed but with  
problems

Fired due to problems:  
not employed at all

Housing/Living Arrangements:  
Lives independently with  
no major problems; holds  
lease; has been there at  
least six months

Lives with another adult  
who holds lease, and that  
adult does not drink or  
drug

Lives with other adults who  
drink or drug; had had no  
stable residence (doubled-  
up); has been homeless in  
last 12 months

Family/Social Relationships:  
Most or all of close  
family and friends are  
not alcohol/drug-involved  
and are actively supportive  
of client being clean and  
sober

Some are positive but  
others have negative  
view of sobriety

Most or all are actively  
abusing and have negative  
view of sobriety

Alcohol/Substance Abuse:  
Patterns: no pattern of  
ongoing abuse; no  
incidents of use that  
place the person in  
danger (i.e., driving  
care)

Patterns of abuse are  
episodic; history of  
successful attempts to  
"cut down" or abstain for  
at least three months

Pattern of abuse is most  
days, most weeks; signifi-  
cant amount of time is  
spent getting money,  
buying, using; history of  
unsuccessful attempts to  
"cut down"; history of  
prior treatment failures;  
history of difficult  
withdrawal experiences

Medical/Psychiatric:  
Consequences: no  
indications of  
problems

Single major episode  
(i.e., hurt in  
accident)

Multiple episodes (i.e.,  
several suicide attempts  
before, during or after  
use)

Legal Consequences:  
No history of  
problems

One or two non-felony  
convictions

One or more felony  
convictions; three or more  
non-felony convictions

Community Consequences:  
person is positively  
involved in community  
organizations or groups  
(i.e., PTA, church)

Some positive sense of  
community, but not real  
participation

Person is only involved  
with others who drink or  
drug



Andrew J. Spano  
County Executive

Kevin P. Mahon  
Commissioner

**SELF-SUFFICIENCY PLAN**

New York State now defines welfare as temporary assistance – something to help you in the short-term while you look for work, get a job and secure child support so that you and your family can be independent. The New York Welfare Reform Act of 1997 set a 60 – month (5 year) lifetime limit on cash assistance in the Family Assistance category. The clock began ticking on December 2, 1996. A 24-month (2 year) lifetime limit on cash assistance was set for the Safety Net category. That clock began ticking on August 4, 1997.

The time limits apply regardless of the state in which you receive assistance.

You need to begin planning for self-sufficiency right now.

Customer signature: \_\_\_\_\_

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

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

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

Assessment Summary

Completion Date: \_\_\_\_\_  
Last Update Date: \_\_\_\_\_

PROFICIENCY LEVELS IN MATH AND LITERACY: ( TABE TEST SCORES)

| <u>SUBJECT</u> | <u>PROFICIENCY LEVEL</u> | <u>TEST DATE</u> |
|----------------|--------------------------|------------------|
| MATH           | _____                    | _____            |
| LITERACY       | _____                    | _____            |

EDUCATION LEVEL INCLUDING LITERACY AND ENGLISH LANGUAGE

PROFICIENCY: highest grade level achieved \_\_\_\_\_

BASIC SKILLS PROFICIENCY: \_\_\_\_\_

SKILLS AND PRIOR WORK EXPERIENCE: \_\_\_\_\_

TRAINING AND VOCATIONAL INTERESTS: \_\_\_\_\_

FAMILY CIRCUMSTANCES INCLUDING SPECIAL NEEDS OF CHILDREN: \_\_\_\_\_

SUPPORTIVE SERVICES AND CHILD CARE NEEDS: \_\_\_\_\_

MEDICAL NEEDS/LIMITATIONS: Medical Limitation Option: \_\_\_\_\_

Description of Medical Limitation: \_\_\_\_\_

WTW INITIATIVES: \_\_\_\_\_

**Child Care**

Last Date Update: \_\_\_\_\_

| NAME | DOB | RELATIONSHIP |
|------|-----|--------------|
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |

**Special Needs:** \_\_\_\_ Yes \_\_\_\_ No

**If Yes, Describe Special Needs:** \_\_\_\_\_

**Current Child Care Arrangements:** \_\_\_\_\_

**Problems with Child Care Arrangement:** \_\_\_\_\_

**Child Care Status:** Customer steps to arrange child care and timeframes set. \_\_\_\_\_

**Customer Requests Help:** If yes, comment on use of referral and whether customer can or cannot be referred to at least TWO providers of legal child care, one of which is regulated.

**Comments on efforts to arrange child care (Indicate if needs cannot be met for this child):**

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Highest Grade Completed: \_\_\_\_\_

Highest Degree: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Years of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

School District Customer Currently Resides In: \_\_\_\_\_

**TESTING RESULTS**

| Test Type | Level/Score | Date | Test Used |
|-----------|-------------|------|-----------|
| Reading   |             |      |           |
| Math      |             |      |           |
| Other     |             |      |           |

**HIGH SCHOOL EDUCATION**

Is customer a High School graduate? \_\_\_\_\_ Yes or No

If YES, graduation year: \_\_\_\_\_

High School name: \_\_\_\_\_

Did customer earn a GED? \_\_\_\_\_ Yes or No

If YES, year of GED: \_\_\_\_\_

**ALTERNATIVE SCHOOL EDUCATION**

Did customer attend alternative school? \_\_\_\_\_ Yes or No

If YES, School Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**COLLEGE EDUCATION**

Did customer attend college? \_\_\_\_\_ Yes or No

If YES: Course of Study/Degree: \_\_\_\_\_

In default of student loans? \_\_\_\_\_ Yes or No

If YES: Comment on Default Status of Student Loans \_\_\_\_\_

**EDUCATION**

(Continued)

**TRAINING RECEIVED**

Has customer received vocational or military training? \_\_\_\_\_ Yes or No

If YES, comment on training received: \_\_\_\_\_

Is customer in an apprenticeship or have a trade? \_\_\_\_\_ Yes or No

If YES, comment on apprenticeship/trade: \_\_\_\_\_

**SPECIAL NEEDS**

Does customer have learning difficulties? \_\_\_\_\_ Yes or No

If YES, describe learning difficulties: \_\_\_\_\_

Did customer receive Special Education? \_\_\_\_\_ Yes or No

If YES, comment on Special Education received: \_\_\_\_\_

**CERTIFICATES AND LICENSES**

Description: \_\_\_\_\_

Status: \_\_\_\_\_

**EDUCATIONAL TRAINING PROGRAM**

Is customer attending an educational or training program? \_\_\_\_\_ Yes or No

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Funding Source: \_\_\_\_\_

**ENGLISH PROFICIENCY**

Is customer's native language English? \_\_\_\_\_ Yes or No If NO, native language: \_\_\_\_\_

Does customer understand English? \_\_\_\_\_ Yes or No

Does customer speak English? \_\_\_\_\_ Yes or No

Does customer read English? \_\_\_\_\_ Yes or No  
 Does customer write English? \_\_\_\_\_ Yes or No  
 Does customer need an interpreter? \_\_\_\_\_ Yes or No

**EMPLOYMENT**

Last Update Date \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS**

Employment Status: \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed  
 Job Seeker Reg Completed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Union Member \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Identify Union \_\_\_\_\_  
 Subject to Recall Rights? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, enter details: \_\_\_\_\_

**UNEMPLOYMENT INSURANCE**

In Receipt of UI Benefits: \_\_\_\_\_ Yes \_\_\_\_\_ No Start Date: \_\_\_\_\_  
 UI Benefits Exhausted: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Tax Incentive Program Met: \_\_\_\_\_ Yes \_\_\_\_\_ No

**OCCUPATIONAL SKILLS TESTING RESULTS**

| Test Name | Completion Date | Results |
|-----------|-----------------|---------|
|           |                 |         |
|           |                 |         |
|           |                 |         |

**JOB PREFERENCES AND EXPERIENCE**

Job Preference: \_\_\_\_\_  
 Customer's BEST job ever and why: \_\_\_\_\_  
 \_\_\_\_\_  
 Customer's WORST job ever and why: \_\_\_\_\_  
 \_\_\_\_\_

Qualifications and Experience: \_\_\_\_\_

Does customer own tools:  Yes  No If YES, identify tools: \_\_\_\_\_

Hobbies: \_\_\_\_\_

### HEALTH REVIEW

Last Update Date: \_\_\_\_\_

Is customer under medical care?  Yes  No

If YES, please fill in: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is customer currently taking medication?  Yes  No

If YES, please explain: \_\_\_\_\_

### HEALTH INSURANCE

Does customer have health insurance?  Yes  No

If YES, name of provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### MEDICAL CONDITIONS

Does customer have any medical conditions?  Yes  No

If YES, please check all that apply:

### MEDICAL LIMITATIONS

Medical Limitation Options: \_\_\_\_\_

Description of Medical Limitation: \_\_\_\_\_

### SPECIAL NEEDS

Does customer or any children in the home have special needs?  Yes  No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH**

Last Update Date: \_\_\_\_\_

Has customer received prior mental health treatment/rehabilitation? \_\_\_ Yes \_\_\_ No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is customer currently receiving mental health treatment/rehabilitation? \_\_\_ Yes \_\_\_ No

If YES, please explain and include current treatment schedule: \_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL OR SUBSTANCE ABUSE**

Has customer received prior alcohol or substance abuse treatment/rehabilitation?

\_\_\_ Yes \_\_\_ No If YES, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Is customer currently receiving alcohol or substance abuse treatment/rehabilitation?

\_\_\_ Yes \_\_\_ No If YES, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL HEALTH**

Has customer received prior physical treatment/rehabilitation? \_\_\_ Yes \_\_\_ No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is customer currently receiving physical treatment/rehabilitation? \_\_\_ Yes \_\_\_ No

If YES, please explain and include current treatment schedule: \_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

Last Update Date: \_\_\_\_\_

Veteran Status: \_\_\_ Non Vet \_\_\_ Veteran

Branch of Service: \_\_\_\_\_

Combat Zone: \_\_\_\_\_

Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Military Job Title: \_\_\_\_\_

Related Civilian Occupation: \_\_\_\_\_

\_\_\_\_\_

Training Received: \_\_\_\_\_

\_\_\_\_\_

**DISABILITY COMPENSATION**

Is customer receiving disability compensation? \_\_\_ Yes \_\_\_ No

If YES, describe disability compensation: \_\_\_\_\_

\_\_\_\_\_

**VETERAN BENEFITS**

Is customer receiving veteran's benefits: \_\_\_ Yes \_\_\_ No

If YES, describe veteran's benefits: \_\_\_\_\_

\_\_\_\_\_

**VETERAN PLACEMENT**

Is customer registered with veteran placement? \_\_\_ Yes \_\_\_ No

If YES, describe veteran's placement: \_\_\_\_\_

\_\_\_\_\_

Selected Service registration number: \_\_\_\_\_

**OFFENDER STATUS**

Last Update Date: \_\_\_\_\_

Has customer ever been convicted of a crime? \_\_\_ Yes \_\_\_ No

Is Customer currently on parole? \_\_\_ Yes \_\_\_ No

Is customer currently on probation? \_\_\_ Yes \_\_\_ No

Probation/Parole Officer name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Reporting Requirements: \_\_\_\_\_

\_\_\_\_\_

Date Reporting Ends: \_\_\_\_\_

**TRANSPORTATION**

Last Update Date: \_\_\_\_\_

Current means of transportation: \_\_\_\_\_

**LICENSE INFORMATION**

Is customer legally able to operate a motor vehicle? \_\_\_ Yes \_\_\_ No

License Type: \_\_\_\_\_ ID: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

License Status: \_\_\_\_\_

**MOTOR VEHICLE INFORMATION**

Does customer own a motor vehicle? \_\_\_ Yes \_\_\_ No

Vehicle type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Status of vehicle inspection: \_\_\_\_\_ Status of insurance coverage: \_\_\_\_\_

**CLIENT ARRANGEMENTS /NEEDS**

Is transportation limited or affected by a medical or physical condition? \_\_\_ Yes \_\_\_ No

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

Nearest bus stop or other transit stop: \_\_\_\_\_

Client arrangements: \_\_\_\_\_

Client Needs: \_\_\_\_\_

**ENROLLMENT UPDATE**

**Assignment /Site Information**

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

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Contact Person: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Activity Component: \_\_\_\_\_

Occupational area: \_\_\_\_\_

Minimum Number of weekly hours for participation for case: \_\_\_\_\_

Hourly rate: \_\_\_\_\_

Programs/Funding: \_\_\_\_\_

Programs/Funding Update Date: \_\_\_\_\_

Offering name: \_\_\_\_\_

Contact: \_\_\_\_\_

Description: \_\_\_\_\_

\*Activity start date: \_\_\_\_\_

\*Expected end date: \_\_\_\_\_

\*Actual end date: \_\_\_\_\_

\*Enrollment status: \_\_\_\_\_

\*Update reason: \_\_\_\_\_

\* Mandatory question that must be answered

### Employability Plan

Plan Status:  Completed  Incomplete  
Completion Date: \_\_\_\_\_

Last Update Date: \_\_\_\_\_

#### CUSTOMER GOALS AND EMPLOYMENT/TRAINING PREFERENCES

SHORT TERM GOALS: \_\_\_\_\_

\_\_\_\_\_

LONG TERM GOALS: \_\_\_\_\_

\_\_\_\_\_

JOB PREFERENCE(S): \_\_\_\_\_

\_\_\_\_\_

Can Customer's Preference Be Accommodated?  Yes  No

Comment on Challenges/Barriers to Customers Attainment of Goals: \_\_\_\_\_

\_\_\_\_\_

Were Customer's Goals Attained?  Yes  No Date Goals Attained: \_\_\_\_\_

**CHILD CARES SERVICES**

**IS CUSTOMER IN NEED OF CHILD CARE SERVICES?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**REASON CHILD IS NOT NEEDED:** \_\_\_\_\_

**IS DISTRICT PROVIDING CHILD CARE SERVICES?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**HAS THE CUSTOMER SATISFACTORILY TRIED TO ARRANGE NEEDED  
CHILDCARE IN ORDER TO PARTICIAPTE IN REQUIRED ACTIVITIES?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**COMMENTS REGARDING CHILD CARE NEEDS OF THE CUSTOMER:** \_\_\_\_\_

**COMMENTS REGARDING THE STATUS OF CHILD CARE SERVICES PROVIDED  
BY THE DISTRICT:** \_\_\_\_\_

**Employability Plan**  
(Continued)

**WORK/TRAINING RELATED (INCLUDING TRANSPORTATION) SERVICES**

**IS CUSTOMER IN NEED OF WORK/TRAINING RELATED SUPPORTIVE  
SERVICES?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**COMMENTS REGARDING WORK/TRAINING RELATED SUPPORTIVE SERVICES  
NEEDED BY THE CUSTOMER:** \_\_\_\_\_

**COMMENTS REGARDING WORK/TRAINING RELATED SERVICES PROVIDED  
BY THE DISTRICT:** \_\_\_\_\_

**OTHER SERVICES NEEDED BY THE CUSTOMER**

**IS CUSTOMER IN NEED OF OTHER SUPPORTIVE SERVICES?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**COMMENTS REGARDING OTHER SUPPORTIVE SERVICES NEEDED BY**

**CUSTOMER:** \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS REGARDING OTHER SERVICES PROVIDED BY THE DISTRICT:**

\_\_\_\_\_

**DISCLAIMER**

I certify that I have received a true and exact copy of this plan. As an applicant and/or recipient of Public Assistance/Food Stamps, I understand that I am required to actively work toward a goal of self-sufficiency. If I do not agree with this plan, I understand that I may discuss it with an employment worker. I understand that I must follow through with the requirements to the best of my ability.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*NEXT APPOINTMENT TO REVIEW EMPLOYMENT PLAN:**

**\*\*\*RETURN DATE:** \_\_\_\_\_ **\*\*\***