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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

March 19, 2008 **Revised**

Mr. William R. Moon  
Commissioner  
Delaware County Department of Social Services  
111 Main Street  
Delhi, New York 13753-0469

Dear Commissioner Moon:

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 "RSykes", written over a horizontal line.

Russell Sykes  
Deputy Commissioner  
Center for Employment and Economic Supports

Enclosure

cc: Barbara Guinn  
Suzanne Marsico  
Keri Stark

*"providing temporary assistance for permanent change"*

bcc: S. Antos  
D. Bloodstein

**DELAWARE COUNTY**



**DEPARTMENT OF SOCIAL SERVICES**

111 Main Street Delhi, New York 13753

**William R. Moon**  
Commissioner

(607) 746-2325

February 22, 2008

Ms. 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 final signed copy of Employment Plan for Delaware County. The plan includes the Temporary Assistance to Needy Families, Safety net and Food Stamp programs and covers the period January 1, 2008 – December 31, 2009.

As requested, Delaware County has made the plan available for public comment prior to being finalized.

We have made the corrections provided by Keri Stark, our WTW Technical Advisor.

If you have any questions or would like additional information, please feel free to contact, Suzanne Marsico, Principal Program Specialist at (607) 746-2325.

Sincerely,

A handwritten signature in black ink, appearing to read "William R. Moon", is written over a horizontal line.

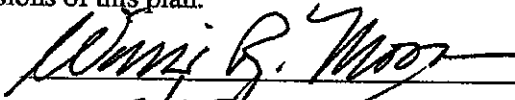
William R. Moon  
Commissioner of Human Services  
Enclosure

**RECEIVED**  
WELFARE-TO-WORK DIVISION  
FEB 29 2008

**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 Delaware 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 Delaware 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 2/25/2008

**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 Delaware County Department of Social Services Temporary Assistance employees are responsible to provide the Welfare-To-Work services. These Department employees are responsible for: orientation/job search, assessment, employability determinations, employability planning, assignment to work activities, monitoring of participation, developing and monitoring treatment plans for exempt individuals engaged in treatment or rehabilitation to restore self-sufficiency, conciliation, sanction, dispute resolution and coordination of supportive services provided to individuals to enable them to participate in WTW activities including employment and retention services. Coordination and consultation with other partner units/agencies including: the Child Support Coordinator, the Legal Unit, the Resource Coordinator, Fraud Unit, the Director of Services, Delaware Opportunities, the Office of Temporary and Disability Assistance, the Office of Employment and Training, BOCES, Afton Consortium of Schools, and SUNY Delhi.

Delaware Opportunities (a Not-for-Profit Community Service Agency) is responsible for the following: 1) Develop work sites and secure work experience at not-for-profit organizations and/or municipalities. In addition, provide two work experience crew supervisors and operate two work

experience crews. 2) Child care referral and assuring the availability of child care services and providing payment toward such expenses to eligible clients. 3) Post employment services 4) Job Development/Job Retention.

The Office of Employment and Training assists with job placement and participate in case management.

### 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**

<b>Provider</b>	<b>Total Contract Cost (per yr.)</b>	<b>Funding Source(s)</b>	<b>Categories of Clients Served</b>	<b>Programs, Services or Activities Provided</b>
Delaware Opportunities	\$297,000.00	FFFS	FA, SN, FS, 200%	Job Placement Job Development
Delaware Co. Employment & Training	\$30,000.00	FFFS	FA,SN,FS, 200%	BEST Program
Delaware Support & Services	\$60,000.00	FFFS	FA, SN, FS, 200%	BEST Program
SUNY Delhi	\$22,000.00	FFFS	FA, SN, FS, 200%	BEST Program
WIA	\$500.00	FFFS	FA, SN, FS, 200%	BEST Program

Delaware Support and Services	\$17,000.00	FFFS	FA, SN, FS, 200%	Electronic Employment Initiative
	\$			
	\$			
Total	\$426,500.00			

**TABLE 2 – Other Service Providers**

Provider	Funding Source(s) (If known)	Categories of Clients Served	Programs, Services or Activities Provided
Afton Consortium of Schools	State Education	TANF, SN, FS	Adult Basic Education and GED
BOCES	State Education	TANF, SN, FS	Adult Basic Education, GED, Vocational Training
Oneonta Community Education Center	State Education	TANF, SN, FS	Adult Basic Education, GED, English as a Second Language
OTDA		TANF, SN, FS	Job Development, Job Referrals, Case management, BEST
BRIDGE	State Education	TANF	Vocational training

**Section 2.3 – Jobs Agreement**

**Jobs Program Services – Target Groups**

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

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

**Other Services Requested**

Described below are additional services/duties which will be requested of Jobs staff (i.e., WTWCMS data entry, case conferencing, job fairs etc.)

Sara Andros,

OTDA, participates in our BEST program. In addition, she participates in our Orientation/Job Search class to assist clients with application completion and resume development, case conferencing, case management, and our Pathways Program. She meets with our participants regularly regarding job referrals.

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

**Number of Jobs staff**

-1-

**Locations – 111 Delaware Street, Delhi,**

**New York**

1. Sara Andros

2.

3.

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

Suzanne Marsico- 607-746-2325

**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.

**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.

Delaware County combines Orientation and Job Search Class. We, in conjunction with OTDA and Delaware Opportunities, provide the following information: Diversion payments, Temporary Assistance budgeting, subsidized child care and transitional Medicaid benefits, alternatives to temporary assistance, other resources (OET, OTDA, DO), barriers to employment and potential solutions, sanction information, where to look for work, application completion, resume development, requirement to engage in work, attend school if a teen parent, explanation of rights and responsibilities of applicants and recipients and of the benefits and obligations of participation in employment activities; time limits, supportive services, Child Care in lieu of Temporary Assistance, and vocational training options. Emphasis is placed on the temporary nature of assistance.

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.

The Temporary Assistance staff (we are a generic county) conduct the orientation/job search. OTDA and DO conduct the job application completion, resume development and interviewing skills portion of the class. Applicant Orientation/Job Search is conducted in a group setting every Thursday from 9:00 to 2:00pm. Applicants are advised to attend one of the next two orientation/job search groups following the eligibility interview. On a case by case basis, we will conduct one on one orientation/job search information. Orientation is provided at group recertification without the Job Search component.

**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:

Reading assessment and work history. Individualized assessments can be provided to those with special needs. If an individual is enrolled in the BEST program, input from the Program is incorporated into the assessment. Other agency assessments may be accepted by Delaware County which provides the same information.

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

JOBS Assessment Form  
TAFE

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)

Two year Degree or, if promotional, 1 year agency related experience, or 3 years of college credits.

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

The district's Temporary Assistance program specialists conduct the assessments with the Senior Program Specialists reviewing the completed assessment. If a senior has any questions regarding the assessment, a Principal Program Specialist would provide input.

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:

Same assessment used for Food Stamps as Temporary Assistance.

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:

Clients are enrolled in Supervised Job Search (beyond the countable 6 weeks), Mandatory participation in employment related programs including BEST. Participation in Delaware County's medical review process and follow-up with recommended treatment plans.

- 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

The program specialists are required to enroll clients in activities immediately after issuing benefits. At the beginning of each month, a Principal Program Specialist reviews each temporary assistance recipient and employable food stamp recipient to ensure he/she is engaged in activities.

Applicants are referred to OTDA for a job placement interview immediately after the eligibility interview. OTDA conducts job placement interviews at Orientation/Job Search class in order to refer applicants immediately to job openings. Applicants are referred to Delaware Opportunities for worksite placement immediately after the eligibility interview. Delaware Opportunities conducts the worksite placement assessment at the Orientation/Job Search class. At case opening, the client is assigned to participate in an activity. Program specialists are required to monitor worksite participation via time sheets.

If an individual's status changes from exempt to nonexempt, the program specialist would refer the client to engage in activities upon determining the client is no longer exempt.

The district's participation standard is 40 hours per week for households without children under age six in a countable work activity. The participation standard is 20 hours per week for a single caretaker of a child under age six in a countable work activity.

A Principal Program Specialists monitors the activity status of employable and exempt individuals no less than weekly to monitor progress toward meeting the work participation requirements and to ensure full engagement by recipients in work and/or work preparation activities. The TANF Adult Cases Receiving Assistance in the Current Month is also monitored weekly. Other COGNOS reports are reviewed bimonthly.

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

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

FA	SNF	SNA	FS	Activity	Definition
X	X	X	X	Employment	Full time or part time employment in the public or private sector that is not subsidized by TANF or any other public program (excluding employer tax credits). Unsubsidized employment includes self employment and/or paid internships.
X	X	X		Subsidized Private Sector Employment	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		<p><b>Subsidized Public Sector Employment</b></p> <p>Employment in the public sector for which the employer receives a subsidy from TANF or other public funds (excluding tax credits) to offset some or all of the wages and costs of employing and training a recipient. Subsidized public sector employment will include positions subsidized through grant diversion, supported employment programs, and paid college work study programs at public institutions. Individuals participating in subsidized public sector employment, and work study unless otherwise permitted under a federal work study program, are paid wages and receive the same benefits as unsubsidized employees who perform similar work. An employment situation will be subsidized for up to the full amount of wages/benefits provided to the program participant and will be subsidized for the length of time as determined appropriate by the State or social services district.</p>
X	X	X	X	<p><b>Work Experience</b></p> <p>Unpaid work performed at a public or not for profit organization to enable participants who cannot find unsubsidized employment to improve his or her employability. Work experience provides participants with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain and retain employment. Participation in work experience includes training required for the participant to complete the work experience assignment. For example, an individual who is expected to provide clerical support in a government agency may be provided training to develop or refine filing and data entry skills as needed to perform the tasks required as part of the work activity assignment.</p> <p>In addition to those components noted above, work experience will include unpaid internships that are part of any non-graduate student's education curriculum. (Note: Paid internships will be reported as employment.)</p>

X	X	X	X	<p>On-the-Job Training (OJT)</p> <p>Training in a public or private sector employment setting during which the participant receives work-essential paid training while he or she is engaged in productive work that provides the knowledge and skills essential to attain full and adequate performance of the job.</p> <p>OJT will be unsubsidized (for which the employer does not receive a subsidy) or subsidized using TANF funds or other funds to offset the cost of the training provided to the participant. A subsidized OJT will be subsidized for up to the full cost of providing such training and wages/benefits provided to the program participant. Positions will be subsidized for the length of time determined appropriate by the State or social services district. OJT is distinct from subsidized employment due to the fact that the individual must participate in workplace training to attain full and adequate job performance and the subsidy provided is intended to offset the cost of such training.</p>
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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		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		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.

Temporary Assistance applicants are assigned to complete a minimum number of 5 verifiable job search contacts and a minimum number of 5 hours per week. Applicants are required to submit the Job Search Booklet and job search log detailing the amount of time spent looking for work to the program specialist that has the application. The program specialist will review both the booklet and the log to assess the extent to which a reasonable number of contacts were made during the time reported given 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. We are using the state issued Job Search Booklet LDSS-3696 (1/07). We are incorporating a job search log into the job search booklet to include the amount of time the client spends on each contact. Since we are large geographically, generally, the hours/contacts assigned may fluctuate depending on case circumstances. All participation in job search is documented, reviewed, monitored and tracked at least weekly by the program specialist.

During the application period, applicants are expected to meet with Sara Andros, OTDA for job development and follow up on job referrals. Sara has weekly contact with the applicants to follow up on their job referrals. Applicants are also expected to meet with Delaware Opportunities for their worksite interview and job referrals.

The district assigns TA recipients to Job Search       Yes       No

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

When we issue a job search, we use the same process as for applicants.

Section 3.5 Job Development

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

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

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

District staff has the capability to contact employers to solicit jobs for applicants and participants.

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.

Delaware Opportunities has two job developers/job coaches on staff to perform job development/job retention for our applicants and recipients. They meet with our participants and contact employers on their behalf. They participate in monthly job development meetings for Chenango/Otsego/Delaware Counties, participate in Orientation/Job Search class and participate in the BEST program and provide transportation to job interviews. They seek car donations for clients that need their own transportation. Provide education to employers as to the welfare to work tax credit information and assist employers to file tax credit forms.

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

Sara Andros, OTDA, works with all our applicants and recipients to assist them to become employed. She contacts employers, refers applicants and recipients to job opportunities, participates in the monthly job development meetings, participates in Orientation/Job Search class, participates in the BEST program, participates in case management and contributes to our Pathways Program. She schedules clients to work with her on a regular basis.

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:

Based on the applicant/recipient reading scores, the individual would be assigned to participate in ABE/GED/English language instruction. The providers of these services are limited to Afton Consortium of School, Oneonta Community Education Center and BOCES. We have a long standing cooperative relationship with each of these education providers. We would assign the client to the class closest to their home.

- 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:

We have frequent contact with BOCES and SUNY Delhi and would inform clients of the vocational programs offered (both training providers participate in our BEST Program). As we are aware of Job Skills programs, we refer our clients.

- 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.

Applicants will be informed of vocational education providers and job skills training programs at their eligibility interview, Orientation/Job Search class and again at the BEST Program. Also, Delaware County participates in the Bridge Program. Delaware's goal, as advised by OTDA, is one additional vocational or job skills training enrollment.

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

Progress reports are required on a monthly basis. Outcomes will be reviewed on a semi-annual basis to be evaluated for contributions to job readiness and job placement of a participant. Approved training providers will prepare customers to qualify for local job opportunities.

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

Training approval is determined by an assessment of the clients' current job skills and employment goals as they relate to the local labor market conditions. Each recipient is notified via the request for training approval form of approval or disapproval including the criteria for disapproval.

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

Participants must meet the following requirements: Training must be for a specific skill or occupation relevant to the local labor market and must be sufficient to enhance the recipient's opportunity to secure unsubsidized employment. Education designed to provide high school diplomas or their equivalent, basic education, English as a second language, Literacy training. Education/work activities are approved based on the Delaware County training policy. No one will be approved for training unless it can be determined that the individual's current skills are obsolete or the individual lacks sufficient skills to find gainful employment.

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

Clients are enrolled in training or assigned to work activities after completing an assessment with a Program Specialist. Each client is given a letter providing the following information: the enrollment date of the specific activity, the number of hours available per month, and the interview date, if appropriate. If work experience, the participant will be given an assignment letter that includes enrollment date, hours available, worksite, address of worksite, name of supervisor information regarding daycare and transportation.

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

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

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

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

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

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

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

Additional reasons as stated below:

Delaware County will make every effort not to 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 believes 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, the DSS may assign the student to that work activity even though the assignment conflicts with the academic schedule.

- 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:

School attendance policy for 16 – 18 year old students is the same as the local school district policy. Attendance is monitored by the school district with notification of attendance issues and copies of report cards to the local district.

- 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:

DSS-4526 is issued to all applicants to determine employability. The participant medical form is reviewed by a program specialist and senior program specialists prior to the participant being assigned to a work activity. The medical is also reviewed by a principal and, if necessary, our A.D. person if the program specialist has a question regarding the medical information. The agency also refers clients to the County Physician for a second opinion. The worksites are informed in writing of any/all work limitations.

### Section 3.7 Work Verification

Consistent with Work Verification Plan (WVP) requirements established by the United States Department of Health and Human Services, districts must develop a quality assurance plan for addressing the work participation rate it reports. The plan must include the district's procedure for monitoring attendance in paid employment and work activities and the controls in place to ensure that federal exclusions from work participation rate requirements are accurately made, work eligible individuals are correctly identified, hours of attendance reported by providers is accurate and documented, data entry is accurate and that the district and its providers adhere to approved district and State policy for work activity definitions and the determination of excused

absences and holiday reporting. Districts must describe how it will determine that system entries agree with documentation in case files. The district must also explain how it will sample cases, the sample size, and how frequently cases will be reviewed.

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

The Quality Assurance plan must explain how staff will:

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

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

Delaware County will assess and verify that participation in the work activities reported meets the State approved definition for the activity as part of the review of sampled cases.

Based on our caseload, our TANF denominator is usually between 20 and 30 cases, Delaware County will perform a random sample of 2 cases of our adult headed households on a quarterly basis for paid work activities. Delaware has two principal program specialists, one principal will select random cases and the other principal will review the cases. Both the temporary assistance and employment case files will be reviewed. Hours of employment will be verified through receipt of pay stubs, employer verification forms, and direct phone contact with the employer documented in case notes. The review will ensure the hours of employment on the ABEL budget are consistent with the hours reported on WTWCMs and documentation is in the file to support hours reported on WTWCMs and that the scheduled hours on WTWCMs is consistent with the documentation.

Delaware County will perform a random sample of 2 cases of our adult headed households on a quarterly basis 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 staff.

Delaware County will perform a random sample of 2 cases per quarter of our adult headed households 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.

Delaware County will perform a random sample of 2 cases per quarter of our adult headed households 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.

Delaware County will perform a random sample of 2 cases per quarter of our adult headed households in which a case member is reported to be incapacitated to determine if he/she 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 or the exemption.

A summary report will be prepared following each review period and a copy of the report will be forwarded to Kathleen Nagy at OTDA.

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):

District staff are responsible for documentation and data entry.

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.):

Our procedure is the same as our disability process. The program specialist and senior program specialist would review the provided medical information to determine if the individual has the potential to be restored (or improved employability) through treatment or other rehabilitative activities to self-sufficiency. If they have any questions or concerns regarding their determination, they review the information with the principal program specialist or our A.D. person or request a second opinion from our County Physician.

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

All individuals with an indicated need for treatment are referred to the appropriate provider. The indicated need can be determined via medical information provided by the client, assessment, employability plan and case management. The treatment provider is required to provide a copy of the treatment plan.

- 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.:

Providers are required to notify the Department if an individual is not complying with his/her treatment plan. We require monthly attendance verification. Some treatment providers need to be reminded to notify us timely of noncompliance and the monthly attendance verification.

### 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.

During our Orientation/job search, DSS, OTDA and Delaware Opportunities stress the importance of attendance in work activities. When individuals attend BEST, employers stress the importance of attendance on the job. While on a work crew, the crew chiefs encourage attendance and assist with problem solving skills to facilitate increased attendance in work activities. Recipients are encouraged to use work experience supervisor as a reference.

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:

Delaware County's sanctioned individuals are limited. When we do process a sanction, we meet with the agencies involved with the person (Services, OTDA, Mental Health, Delaware Opportunities, etc.) to determine what we can facilitate to have the person comply. Delaware uses case management as a tool to engage the individual. We also assign sanctioned clients to a Pathways group in order to engage them to comply with work activities.

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

We contact the individual to come in to discuss reinstating. We would continue to consider the client preference in a work activity to the extent possible.

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

Section 3.11 Diversion Strategies

District has no specific diversion strategies.

District's diversion strategies are described below:

Supportive services are provided as diversion. The Agency does require verification of employment or written verification of an offer of employment from the employer.

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:

Support services, based on need, include the following: 1) Clothing allowance for training, work experiences, unsubsidized and subsidized employment, 2) Professional license fees and other work related fees necessary for participation in training and accept/retain employment, 3) Moving expenses to another community if it deems such service is appropriate. 4) Phones. 5) Jobs related safety equipment – protective gloves, boots, and etc. needed to accept/maintain employment. 6) Tools and equipment necessary to participate in training and to accept/retain employment. 7) Transportation for activities, including the cost of transporting children of TANF participants to/from daycare, car registration fees, car insurance, 5 hour course, car repairs, permit/driver's license, gasoline vouchers, mileage reimbursement rate of \$.40. The district reserves the right to consider other needs for supportive services necessary to enable an applicant/recipient to participate in an employment activity or retain employment. The need must be documented and approved by a Principal Program Specialist based on the availability of funds.

- 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):

Delaware County attempts to provide whatever is necessary for the client to participate in activities. The Department develops with the applicant/recipient a transportation plan. The Department may contract with Delaware Opportunities to transport a recipient to and from full-time work for a limited time in order for the recipient to complete a transportation plan. The recipient may be eligible for a vehicle donated to the County. The Department has two work crew vans that provide transportation to work activity sites. Clients can be assigned to the mobile work crews that provide transportation or assigned to work sites that provide transportation. Also, the Department provides: gasoline vouchers and mileage reimbursement rate of .40 (the same rate for mileage reimbursement for County employees). In addition, the Department makes a reasonable effort to assign participants to appropriate work activities at a site as close as possible to a participant's home.

- 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:

The Departments policy is to require a participant to walk to a work activity assignment if the distance is no greater than 1.5 miles. There are several factors determining if an individual would be required to walk. For instance, a client's general health, if there are children that need day care, weather conditions, etc. The distance is the same as our local school districts require of middle school children.

- 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:

Supported services, based on need, will be issued to assist individuals at risk of needing public assistance to improve their opportunities for employment or to maintain their employment as outlined in Section 4.1. A Principal Program Specialist must sign any payment of \$500.00 and the Director of Temporary Assistance must sign any payment of \$1,000.00.

- 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 agency does have bilingual staff.

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:

In addition to case management, the district will make any supportive services (as outlined in Section 4.1) needed available to an individual whose case has closed due to employment, provided the supportive services is necessary for the individual to retain employment. The need for the supportive services must be documented. The supportive services will be provided pending the available funds. Supportive child care and transitional Medicaid will be provided, if eligible.

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.

Same as above.

#### 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.

If funding is available, supportive services will be the same as outlined in Section 4.1.

**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:

Clients assigned to Food Stamp Work Experience are transported by our work crews. The Department will provide or reimburse, as appropriate, the costs of transportation for individuals participating in FSET programs. Rate of payment is .40 per mile (the same as allowed for County employees).

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

An individual required to participate in an FSET activity will have the necessary support services to cover the cost of participation.

**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:

Delaware's process is as follows: Temporary Assistance Program Specialists will mail Conciliation Notification DSS 4230 to the recipient giving 10 days for TANF and 7 days for Safety Net to request conciliation. If client 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, the district will issue a ten day notice to deny or discontinue. If client responds, the client will be given an opportunity to explain why he/she did not comply. The client will receive written notification of the conciliation regardless of whether format is telephone or face-to-face. Conciliation is conducted by agency staff trained in the process to be followed.



The good cause/willfulness determination is made by:

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

Clients that need to provide documentation to prove good cause will have 5 days from the conciliation hearing date to provide additional information.

### Section 5.2 Sanction

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

The client would sign a request to end the sanction. As part of this request, the client would agree to comply and demonstrate compliance in an employment activity for 2 – 5 days.

### 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)

The Program Specialist will notify the Food Stamp applicant/recipient by using a ten day notice to deny or discontinue for failure to comply with employment requirements. If/when the client responds, the Program Specialist will give the individual an opportunity to explain why he/she did not comply and evaluate to determine if the failure was without good cause.

**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.

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:

Each applicant for Temporary Assistance and employable Food Stamps (no child under 6, in receipt of UIB, etc.) is requested to have a medical form DSS-4526 completed by his/her physician. If the Temporary Assistance Program Specialist has any questions or concerns regarding the medical, the client will be required to have a physical with the Delaware County physician. When this medical is received the Senior Program Specialist and/or a Principal Program Specialist will review the available medical information. If either have questions or concerns, a committee composed of one representative from each of the following: Legal Unit (the DAP Coordinator), Adult Services Unit and a supervisor in Temporary Assistance will review the information to determine appropriate action on the part of the agency. For each individual where employment limitations are cited, the Program Specialist coordinates work activities to accommodate the limitations and involvement in a rehabilitation plan to return the individual to self-sufficiency. The treatment plan and progress are/may be monitored. In addition, if the committee has any questions, our agency A.D. Program coordinator will review the information and provide input. Our procedure follows the process of the regulation, part 1300.

**Commissioner**  
William R. Moon

**Director of Temporary Assistance**  
Mark Hamilton

**Principal Program Specialist**  
Barbara Leo

**Receptionist**  
Evelyn Klumpe  
Clerk  
Milie Cronk

**Principal Program Specialist**  
Suzanne Marsico

**Senior Program Specialists**  
Team 1  
Robertta Burgin  
Cathy Balcom

**Chronic Care Senior Program Specialist**  
Esther Baker  
Program Specialist  
Sharon Radtke

**HEAP/Chronic Care Senior Program Specialist**  
Kay Wilson

**Senior Program Specialist**  
Team 4  
Lorna Pearce

**Program Specialists**  
Tom Kendall  
John Hoyt  
Diana Mathison  
Joyce Coulter  
Lisa Peaster  
Ed Chytalo  
Deborah Bene  
Gale Shaver

**Team 1 Typist**  
Lacey Carruso

**Third Party Resource Specialist**  
Lori Brownell

**MASSI FSSSI Program Specialist**  
Rhonda Terry

**Typist**  
Kim Cook

**Clerk**

**Program Specialists**  
Melissa Ordmandy  
Eric Benecke  
Janelle Kilmer  
Kim Zupo  
Tina Doroski  
Tee Ward

**Team 4 Typist**  
Sharon Reichert

Delaware County Department of Social Services  
111 Main Street  
Delhi, NY 13753  
(607)746-2325

WORK HISTORY

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

SOCIAL SECURITY # \_\_\_\_\_

You are required to complete this form totally, with specific information.

YOUR MOST RECENT JOB: Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Specific Duties: \_\_\_\_\_

Wage Rate: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

\_\_\_\_\_



PREVIOUS JOB: Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Specific Duties: \_\_\_\_\_

Wage Rate: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

\_\_\_\_\_



PREVIOUS JOB: Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Specific Duties: \_\_\_\_\_

Wage Rate: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL EXAMINATION FOR EMPLOYABILITY ASSESSMENT, DISABILITY SCREENING, AND ALCOHOLISM/DRUG ADDICTION DETERMINATION**

**I. CLIENT IDENTIFICATION**

Print Client Name: \_\_\_\_\_ Veteran:  Yes  No

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

SSN#: \_\_\_\_\_ Case #: \_\_\_\_\_ CIN: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the client have an active SSI application pending?  Yes  No Reason(s) for referral: Client states that: \_\_\_\_\_

**II. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I authorize the examining physician to disclose to the Department of Social Services any information provided, any diagnoses made, conditions revealed, and functional limitations identified, as a result of the examination given. I understand that this information will be treated as confidential.

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

**AUTORIZACION PARA DAR A CONOCER INFORMACION MEDICA**

Yo autorizo al médico que me está examinando a dar a conocer al Departamento de Servicios Sociales cualquier información provista, cualquier diagnosis, condiciones reveladas y limitaciones funcionales identificadas en base al examen realizado. Comprendo que esta información será confidencial.

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

**III. MEDICAL INFORMATION**

a. List All Medical Conditions. Include psychiatric and alcohol/drug addiction diagnosis using DSM-IV format. (List all medical diagnoses and specify medical/clinical findings, including history, clinical course and prognoses.)

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

Addendum Attached

b. Specify Treatment/Referral Recommendations: \_\_\_\_\_

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

c. Medication Taken/Prescribed (including for psychiatric problems): \_\_\_\_\_

\_\_\_\_\_

**IV. FUNCTIONAL LIMITATIONS (related to medical findings noted in Section III): (check  column that applies)**

a.) Physical Functioning	No. Evidence of Limitations	Moderately Limited	Very Limited	b.) Mental Functioning	No. Evidence of Limitations	Moderately Limited	Very Limited
Walking				Understands and remembers instructions			
Standing				Carries out instructions			
Sitting				Maintains attention/concentration			
Lifting, Carrying				Makes simple decisions			
Pushing, Pulling, Bending				Interacts appropriately with others			
Seeing, Hearing, Speaking				Maintains socially appropriate behavior without exhibiting behavior extremes			
Using Hands				Maintains basic standards of personal hygiene and grooming			
Stairs or other climbing				Appears able to function in a work setting at a consistent pace			
Other:				Other:			

**OFFENDER STATUS**

Have you ever been convicted of a felony or misdemeanor? ( ) YES ( ) NO Type: \_\_\_\_\_  
 Are you currently on probation? ( ) YES ( ) NO Duration of probation \_\_\_\_\_ Probation Officer \_\_\_\_\_  
 Are you currently on Parole? ( ) YES ( ) NO Duration of parole \_\_\_\_\_ Parole Officer \_\_\_\_\_  
 Do you have a Certificate of relief? ( ) YES ( ) NO  
 Do you have a Certificate of Good Conduct? ( ) YES ( ) NO  
 Do you have any pending legal actions? ( ) YES ( ) NO  
 If yes please explain \_\_\_\_\_

**EMPLOYMENT** DO WORK HISTORY SHEET.

**MILITARY**

Are you a Veteran? ( ) YES ( ) NO  
 Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_  
 Training Received \_\_\_\_\_  
 Duties \_\_\_\_\_

**TRANSPORTATION**

Is public transportation needed to get to a Job?  
 ( ) YES ( ) NO  
 How do you transport yourself for everyday activities? \_\_\_\_\_  
 Do you have your own transportation?  
 ( ) YES ( ) NO  
 Valid NYS Drivers License? ( ) YES ( ) NO  
 Expiration Date? \_\_\_\_\_  
 Drivers Permit? \_\_\_\_\_  
 Expiration Date? \_\_\_\_\_  
 Do you have any health problems which  
 Would interfere with your driving or using  
 Public Transportation? ( ) YES ( ) NO  
 If yes, please describe \_\_\_\_\_

**SERVICE NEEDS OF FAMILIES**

Number in family \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Child Support ( ) YES ( ) NO  
 For each child list:

<u>NAME</u>	<u>AGE</u>	<u>DOB</u>	<u>SCHOOL/GRADS</u>	<u>SPECIAL NEEDS</u>

Do you currently have child care arrangements? ( ) YES ( ) NO  
 If yes, describe the arrangement and any problems you have experienced with it.  
 \_\_\_\_\_

If you do not have care or have serious problems with your current child care arrangements, do you need assistance in locating and arranging care? ( ) YES ( ) NO

**CHILD CARE CODES** ( ) referred for child care - 01 ( ) in receipt of child care - 47  
 (Status Codes) ( ) child care unavailable - 48 ( ) child care not required - 49

What other agencies do you work with?  
 \_\_\_\_\_

**JOBS EMPLOYABILITY PLAN**

NAME \_\_\_\_\_ CASE# \_\_\_\_\_ CIN# \_\_\_\_\_

CLIENT EMPLOYMENT PREFERENCES \_\_\_\_\_

DOT TITLE \_\_\_\_\_ DOT CODE \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_

**SHORT TERM GOAL**

**LONG TERM GOAL**

**EMPLOYMENT AND TRAINING PLAN**

(INCLUDING JOB SKILLS TRAINING, EDUCATION, JOB READINESS TRAINING, WORK EXPERIENCE, POST-SECONDARY EDUCATION, OJT, TEAP, JOB SEARCH, VOCATIONAL REHABILITATION, JOB DEVELOPMENT/PLACEMENT.)

**LDSS RESPONSIBILITIES**

**CLIENT RESPONSIBILITIES**

**REFERRED TO AND DATE**

**SUPPORTIVE SERVICES PLAN**

(INCLUDING DAY CARE FOR CHILDREN, CLOTHING, TUITION, DAY CARE FOR ADULTS, LUNCH, TRANSPORTATION, LICENCE AND OTHER FEES, LIABILITY INSURANCE, JOB RELATED SAFETY EQUIPMENT, COUNSELING AND SERVICES FOR FAMILY MEMBERS.)

**LDSS RESPONSIBILITIES**

**CLIENT RESPONSIBILITIES**

**REFERRED TO AND DATE**

( ) Plan does not reflect Participant's Preferences Explain Reason Why

I certify that I have received a true and exact copy of this form. I have been involved in the Development of the above plan and I understand that it is my responsibility to follow through with the activities to the best of my ability.

\_\_\_\_\_  
Job participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jobs Staff

\_\_\_\_\_  
Date

**LIST BELOW THE NAMES OF CHILDREN WHO NEED CHILD CARE AND THE HOURS FOR WHICH CARE IS NEEDED.**

NAME	HRS (EX. 7:30-4:30)	SPECIFY WEEKDAYS CHILD CARE IS NEEDED
1.		
2.		
3.		

DOES THE CHILD(REN) HAVE ANY HEALTH PROBLEMS OR SPECIAL NEEDS WHICH MAY INFLUENCE THE CHOICE OF CARE? ( ) YES ( ) NO  
IF YES, PLEASE EXPLAIN

IF YOU NEED HELP LOCATING AND ARRANGING CARE, WOULD YOU PREFER TO HAVE YOUR CHILD(REN) (NOTE: THE PARENT MAY PREFER A DIFFERENT OPTION FOR EACH CHILD. IF SO, WRITE THE CHILD'S NAME ON THE LINE IN FRONT OF THEIR CHOICE FOR THAT CHILD.)

\_\_\_\_\_ With a friend or relative outside my home \_\_\_\_\_ With a caregiver in my own home  
 \_\_\_\_\_ In a day care center \_\_\_\_\_ In family day care home  
 \_\_\_\_\_ In a school aged child care program

(Indicate the supportive services needs on the employability plan.)

**SPECIAL NEEDS OF CHILDREN**

DO YOU HAVE A CHILD WHO IS EXPERIENCING PROBLEMS IN DEVELOPING OR LEARNING? (i.e. difficulty learning to walk, talk clearly, read, write or doing math?) ( ) YES ( ) NO  
IF YES, IS YOUR CHILD RECEIVING SPECIAL SERVICES FROM A PRE-SCHOOL, HOSPITAL, PRIVATE AGENCY, THERAPIST OR SCHOOL? ( ) YES ( ) NO

IF YES DESCRIBE SERVICES

IF NO, DO YOU NEED ASSISTANCE IN FINDING MEDICAL OR EDUCATIONAL HELP FOR YOUR CHILD(REN)? ( ) YES ( ) NO (INDICATE THE SUPPORTIVE SERVICES NEEDS ON THE EMPLOYABILITY PLAN.)

**SPECIAL NEEDS OF ADULTS**

IS THERE AN ADULT IN THE HOME (OTHER THAN YOURSELF) WITH A DISABILITY OR WITH SPECIAL NEEDS? ( ) YES ( ) NO

IF YES, PLEASE DESCRIBE NEEDS

(INDICATE THE SUPPORTIVE SERVICES NEEDS ON THE EMPLOYABILITY PLAN.)

**PERSONAL AND FAMILY CIRCUMSTANCES IMPACTING UPON EMPLOYMENT**

( ) Health Problems ( ) Child Care Needs ( ) Transportation ( ) Client Disabilities  
 ( ) Housing ( ) Substance Abuser ( ) Substance Abusing Minor ( ) Special Needs of Child(ren)  
 ( ) Services Case ( ) Grooming ( ) Disabled Adult in Home ( ) Special Needs of Adults

(Indicate Follow-Up Required on the Supportive Services Plan.)

**RECEIPT OF SERVICES FROM OTHER AGENCIES**

( ) Criminal Justice ( ) Drug & Substance Abuse ( ) Counseling Services ( ) Probation  
 ( ) Alcohol Treatment ( ) Mental Health Clinic ( ) Vesid ( ) Worker's Compensation  
 ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_  
 ( ) CBVH ( ) OMRDD ( ) TASA ( ) Training Programs  
 ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( ) Other \_\_\_\_\_

Limitations Resulting from Recent Addiction Behavior (within past 12 months): (Legend: no episodes = no evidence of limitation; one or two episodes = moderately limited; three or more episodes = very limited.)

(Check <input checked="" type="checkbox"/> column that applies.)	No Evidence of Limitation	Moderately Limited	Very Limited
Medical hospitalizations or emergency room visits due to addiction			
Acute psychiatric hospitalization due to addiction			
Hospitalization for alcohol/drug detoxification			
Prior attempts at alcohol/drug abstinence			
Passing out or black-out episodes			
Repetitive violent actions toward self or others while drunk or high			
Loss of housing due to addiction			
Loss of job or failure to complete an education or training program due to addiction			
Pattern of addiction interferes with activities of daily living			
Actual suicide attempt			
Other:			

V. TREATMENT HISTORY (list for medical, psychiatric, alcoholism and drug treatment for the past Two Years)

Name of Program/Provider	Type of Program/Provider i.e. Outpatient, Residential, Methadone (for addiction specify modality)	Length of Treatment (# of Months)
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. CURRENT TREATMENT PROGRAM IDENTIFICATION (include medical, psychiatric, alcoholism and drug treatment as applicable.)

Program Name: \_\_\_\_\_  
 Address of Client's Treatment Site: \_\_\_\_\_  
 Mailing Address (If different from above): \_\_\_\_\_  
 Treatment Program Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

VII. LIMITATIONS ON WORK ACTIVITIES

- a. Taking into consideration physical, mental and addiction limitation(s), describe any working conditions, environments, or work activities which are contraindicated: \_\_\_\_\_  
 \_\_\_\_\_
- b. Are these restrictions expected to last longer than 90 days?  Yes  No
- c. Do you recommend referral to rehabilitation, including but not limited to, a mental health or alcohol/substance abuse, or a physical rehabilitation program?  Yes  No If yes, please specify: \_\_\_\_\_

VIII. SCREENING FOR POSSIBLE SSI REFERRAL

Based on the evidence available to you, does this individual have severe impairment(s) which has lasted, or is expected to last at least 12 months? IF YES, please check \_\_\_\_\_ Explain briefly: \_\_\_\_\_  
 \_\_\_\_\_ If substance abuse is also found, would such impairment be expected to continue if use of drugs and/or alcohol were to cease?  Yes  No

IX. If a Veteran, has this person been referred to Veterans Administration?  Yes  No

X. PHYSICIAN INFORMATION

Physician's or Psychologist's Name (please print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Board eligible or certified specialty: \_\_\_\_\_ Tele.#: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
 Is this client a patient of the examining physician?  Yes  No If yes, for how long? \_\_\_\_\_  
 Date of Last Examination: \_\_\_\_\_  
 Signature of physician or psychologist: X \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this completed form to Social Services Contact: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

**Delaware County Department of Social Services**  
**111 Main Street**  
**Delhi, NY 13753**  
**(607)746-2325**

**Employment Assessment**

Date: \_\_\_\_\_  
 Update: \_\_\_\_\_  
 Name \_\_\_\_\_ CIN# \_\_\_\_\_ Case & Type \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_  
 Street Address \_\_\_\_\_ If NO phone, neighbor's phone \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ Length of Assistance \_\_\_\_\_

<b>Employability Code</b>
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Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status \_\_\_\_\_

**EDUCATION**

High School Diploma ( ) YES ( ) NO  
 Are you currently in school or training? ( ) YES ( ) NO  
 If Yes, Where \_\_\_\_\_  
 Date of Enrollment \_\_\_\_\_  
 Anticipated Completion Date \_\_\_\_\_  
 Training is: ( ) Self-initiated ( ) Approved  
 ( ) Disapproved ( ) Request for approval, Issued \_\_\_\_\_  
 If No, will you be returning to school? ( ) YES ( ) NO  
 If yes, when \_\_\_\_\_  
 If yes where \_\_\_\_\_  
 Describe any skill or other job related training you have had \_\_\_\_\_

Graduation Date; \_\_\_\_\_  
 Highest grade completed \_\_\_\_\_  
 Major course of study \_\_\_\_\_  
 Diploma/Degrees earned \_\_\_\_\_  
 Certificates/Licenses (Expiration Dates) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are you currently in default on a student loan?  
 ( ) YES ( ) NO

What type of work do you like to do? (Describe Employment goals) \_\_\_\_\_

Literacy Level: Math \_\_\_\_\_ Reading \_\_\_\_\_ Is your native language English ( ) YES ( ) NO  
 Test type \_\_\_\_\_ Test type \_\_\_\_\_ other languages you speak? \_\_\_\_\_

**HEALTH**

Do you have a disability (physical, mental or medical), which would interfere with you ability to work? ( ) YES ( ) NO  
 If yes, Please explain \_\_\_\_\_

Under a Doctors care for \_\_\_\_\_ receiving counseling for \_\_\_\_\_  
 Doctor's name and address \_\_\_\_\_ Treatments at \_\_\_\_\_

**SUBSTANCE ABUSE** (Complete the following if alcohol/drug problems exist) screening checklist done ( )

	YES	NO
ALCOHOL		
DRUGS		
COMBINATION		

Have you received treatment? ( ) YES ( ) NO If YES, describe source of treatment \_\_\_\_\_  
 Currently in treatment at \_\_\_\_\_ Completion Date \_\_\_\_\_  
 ( ) Referred for evaluation to \_\_\_\_\_ Due back by \_\_\_\_\_