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Eliot Spitzer  
Governor

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

David A. Hansell  
Commissioner

March 11, 2008

Ms. Lesley Lyon  
Commissioner  
Franklin County Department of Social Services  
355 West Main Street, Suite 331  
Malone, New York 12953

Dear Commissioner Lyon:

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

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

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

Sincerely,

Russell Sykes  
Deputy Commissioner  
Center for Employment and Economic Supports

Enclosure

cc: Barbara Guinn  
Rosemary Perry  
Keri Stark

*"providing temporary assistance for permanent change"*

bcc: S. Antos  
D. Bloodstein

# 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 Franklin 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 Franklin 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.*

*Lesley B. Lyon*

Social Services Commissioner

Date December 5, 2007

LESLEY B. LYON, COMMISSIONER  
FR. CO. DEPT. OF SOCIAL SERVICES

## **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.*

This agency's organizational chart is attached. It identifies the units and staff within the agency that are involved in the operation of the Welfare-to Work (WTW) Program.

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

The Career Development Center (CDC), the Workforce Investment Act (WIA) Program operator in Franklin County, administers the WTW Program through a sub-contract with Franklin County DSS. CDC has operated DSS employment programs since the early 1970's, beginning with one of the original Home Relief Workfare Programs. Their staff is well-versed in all aspects of employment and training and has been using joint WIA/DSS funding to move clients into employment for several years.

CDC is housed at the Malone One-Stop Center that is staffed by DSS, WIA (CDC), New York State Department of Labor (DOL), Franklin-Essex-Hamilton BOCES, North Country Community College, VESID, Title V Senior Employment Program and Disability Program Navigator (DPN). The One-Stop Center is the initial contact point for job seekers and employers in Northern Franklin County.

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WELFARE-TO-WORK DIVISION

FEB 28 2008  
Page # 1

Amendment

Effective Date \_\_\_\_\_

CDC is responsible for providing all employment preparation for TANF and Safety Net recipients and applicants, and individuals eligible for 200% TANF services, as well as Food Stamp Employment and Training Program participants. CDC coordinates EDGE programming with Franklin-Essex-Hamilton BOCES; the Bridge Program, sponsored by SUNY; the Transitional Opportunities Program (TOP); and Office of Temporary and Disability Assistance (OTDA) JOBS activities. Coordinated responsibility includes, plan preparation, data collection, reporting and training in addition to provision of activities and services.

Each year DSS and CDC enter into an agreement for welfare employment and training programming. This has expanded to include responsibility for coordination and integration of Bridge, EDGE, SNAP (2008), TOP, intensive case management and for those individuals eligible for 200% TANF services into the county's WTW programming.

CDC is responsible for:

- Franklin County meeting and maintaining required participation rates;
- orientations;
- assessments, employability planning, work activity assignment and counseling of public assistance applicants and recipients;
- provision or contracting of employment and training activities and arrangement of support services
- monitoring of participation, developing and monitoring treatment plans for exempt individuals who have the potential to be restored to self-sufficiency; and
- tracking and reporting of participant and fiscal data; and job development, including the provision of TEAP and/or On-the Job Training (OJT), post-employment case management services and individuals eligible for 200% TANF services.

## **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>
Career Development Center	\$260,000	Local Dept. of Social Services	TANF, Safety Net w/children, Safety Net w/o children, Food Stamp Recipients and Applicants	PAEP All employment- related activities
Career Development Center	\$ 84,000	Transitional Opportunities Program	TANF, Safety Net w/children, TANF 200%	Post-employment requests and case management services
Career Development Center	\$ 35,000	SNAP	Safety Net w/o children, Work limited and exempt	Promote rehabilitation and movement towards self-sufficiency
Career Development Center	\$ 30,500	NYWBG	TANF, 200%, Non-Custodial Parent, 200% Poverty	Supplies regulated support services
Career Development Center	\$ 70,155	Bridge	TANF 200% Poverty	Pre-employment, post-employment activity program training
Total	\$479,655			

**TABLE 2 – Other Service Providers**

<b>Provider</b>	<b>Funding Source(s) (if known)</b>	<b>Categories of Clients Served</b>	<b>Programs, Services or Activities Provided</b>
Even Start -- F-E-H BOCES/Cooperative Extension	New York State Dept. of Education	FA, Food Stamps, Safety Net w/children	<ul style="list-style-type: none"> <li>• Home visitations</li> <li>• Case management</li> <li>• GED educational training</li> <li>• Service Navigator</li> <li>• Job Placement</li> </ul>
Wheels-to-Work	Local Dept. of Social Services	FA, Food Stamps, 200% TANF, Safety Net w/children	<ul style="list-style-type: none"> <li>• Post-employment services</li> <li>• Accommodations concerning personal transportation</li> </ul>
Independent Living Center	PAEP	Individuals w/disabilities, FA, Food Stamps, 200% TANF, Safety Net w/children	<ul style="list-style-type: none"> <li>• Service Navigator</li> <li>• Job referrals</li> </ul>
WIA	Department of Labor	FA, Food Stamps, 200% TANF, Safety Net w/children, Safety Net w/o children	<ul style="list-style-type: none"> <li>• Training and tuition</li> <li>• Case management</li> <li>• Job placement</li> <li>• Job development programming</li> </ul>
EDGE	F-E-H BOCES	FA, Food Stamps, 200% TANF, Safety Net w/children or under 21	<ul style="list-style-type: none"> <li>• ABE</li> <li>• GED</li> <li>• Employment placement</li> <li>• Post-employment services</li> </ul>
Disability Program Navigator (DPN)	OTDA	FA, Food Stamps, 200% TANF, Safety Net w/disabilities	<ul style="list-style-type: none"> <li>• Life skills workshops</li> <li>• Service navigation</li> <li>• SSI applications</li> </ul>
Jobs	OTDA	FA, Food Stamps, 200% TANF, Safety Net w/children, Safety Net w/o children	<ul style="list-style-type: none"> <li>• Pre-employment and post-employment</li> <li>• Activity programming training</li> <li>• Job development, placement and retention services</li> </ul>
Adult Education	F-E-H BOCES	Food Stamp Applicants, TANF, Safety Net w/children, Safety Net (Single)	<ul style="list-style-type: none"> <li>• ABE</li> <li>• GED</li> <li>• ELL</li> </ul>
Welfare Education Program	New York State Dept. of Education	Food Stamps, TANF, Safety Net w/children, Safety Net w/o children	<ul style="list-style-type: none"> <li>• ABE</li> <li>• GED</li> <li>• ELL</li> <li>• Pre-employment services</li> <li>• Post-employment services</li> </ul>
Intensive Case Management	Local Dept. of Social Services	TANF, Safety Net w/children, Not full engaged family, Non-compliant	<ul style="list-style-type: none"> <li>• Home visits</li> <li>• Case management</li> </ul>

**Section 2.3 Jobs Agreement**

***Jobs Program Services – Target Groups***

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

Services		Target Groups	
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	<u>  X  </u>	Food Stamps	<u>  X  </u>
Job Placement Services	<u>  X  </u>	200% of Poverty	<u>  X  </u>
Grant Diversion	_____		
Job Development (employer field visits)	_____		

**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Number of Jobs staff**

**Locations**

1. One person, Malone ONESOURCE
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Rosemary Perry, (518) 481-1774

## **SECTION 3      ENGAGEMENT AND WORK PREPARATION**

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

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

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

### **Section 3.2      Orientation** (Reference 18 NYCRR 385.5)

*Check one of the following:*

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

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

**A structured guided tour of the One-Stop and the services available**

*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.*

**Orientation is done at application in a group setting by LDSS Employment Coordinator and CDC Senior Instructor, followed by individual interviews by CDC Employment Counselors, including LD screening, MH screening and development of an employment plan. Orientation is provided at recertification time by an individual interviewer.**

### **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.*

*[ X ] 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:*

**The district's assessment also includes the following elements:**

- **Employment incentives, including: transitional benefits, child health plus, childcare tax credits, income disregards and earned income credits**
- **Financial incentives**
- **TANF/Safety Net time limits and employment/job search responsibilities**
- **Introduction to community resources**
- **Introduction to Resource Center programs and services**
- **Computer lab opportunities**
- **Learning Disabilities screening**
- **Mental Health screening, and when appropriate, mandated Mental Health counseling as a condition of eligibility**

- Substance abuse assessment will be mandated for all individuals who answered "yes" to two or more questions on the screening form and full screening for Safety Net singles who have a history of drug/alcohol abuse or displays potential drug/alcohol abuse. In addition, referrals from within DSS or from outside agencies will be required to participate in a substance abuse assessment as a condition of eligibility if alcohol/substance abuse is suspected whether or not screening form so indicates
  - When an applicant or recipient is referred for alcohol/substance abuse assessment, the assessment may include requirements for enhanced services; all requirements in the assessment become conditions of eligibility.
  - The self-sufficiency process begins with assessment, determining what is needed to restore employability, and develop a plan to achieve this through a series of activities and services while measuring progress and addressing issues along the way.
  - Assessment will be done on a case-by-case basis. Exempt individuals will be called in for an employment assessment by CDC or in conjunction with a qualified agency such as Independent Living Center and/or DPN. The assessment will provide information as to the individual's limitations/restrictions indicating any prescribed rehabilitation and therapy treatment as it relates to restoring or raising their level of employability.
- b. *A copy of the assessment tool used by the district is attached. Additional assessment tool(s) used by the district is (are):*
- The assessment tools used by the district are:
- Employability Development Plan, attached
  - TABE Tests, Math and Reading level testing (administered by Franklin-Essex-Hamilton BOCES)
  - Personal Interview (conducted by Employment Counselor)
  - Career Ability Placement Survey (CAPS), when appropriate, aptitude testing administered by employment program provider
  - Career Occupational Preference System (COPS), values testing administered by employment program provider
  - Career Orientation Placement and Evaluation Survey (COPES) when appropriate, value test administered by employment program provider
  - Learning Disabilities Screening Tool (attached)
  - Mental Health Screening Tool (attached)
  - General Aptitude Test Battery Screening Tool (GATB), aptitude interest testing administered by NYS Department of Labor
  - Aptitude Interest Measurement (AIM) administered by NYS Department of Labor
- 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)*  
Civil Service qualified Employment and Training Counselors, Instructors and Case Managers and Mental Health liaison, Franklin-Essex-Hamilton BOCES Instructor Department of Labor Employment Counselor
- d. *The district administrative unit or contractor responsible for conducting assessments is:*  
Assessment is contracted by Career Development Center
- 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 [ X ] does [ ] does not require work registrants to participate in a formal employment assessment.*
- b. *If assessment is required, the assessment includes the following elements:*  
The same as Public Assistance client

**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.*  
  
[ X ] *In addition to the requirements outlined in 18 NYCRR 385.6(b) and 385.7(b), the employability plan includes:*  
A wellness assessment and referral form is given and an examination may follow for those who have reported mental health issues and/or those individuals who have been referred to therapeutic counseling by their employment counselor. Learning Disabilities screening is mandated and an evaluation may follow.
- b. *The district administrative unit or contractor that develops employability plans is (list only if different from those performing assessments):*  
[Click here and type **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):*  
[Click here and type **ONLY if different** from 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*

Both newly opened, non-exempt cases and individuals whose status changed from exempt to non-exempt are generally engaged in activities within two weeks after the referral has been received by CDC from LDSS.

On a weekly to bi-weekly basis the "Activity Status of Adults" report is generated and each client is reviewed to determine accurate employment code, engagement and counting in participation rate.

The district participation standard is a minimum of 20 hours a week for TANF and Safety Net single parent families with a child under six; 30 hours a week for single parent TANF and Safety Net families without a child under six; and 35 hours a week for TANF and Safety Net two-parent families.

Safety Net individual's work experience participation hours are determined by their cash grant and food stamps allotment (cash grant and/or food stamp allotment/minimum wage). Work limited individuals participate to their capacity. Employable Safety Nets are required to participate an additional 15 hours a week of programming.

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

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

FA	SNF	SNA	FS	Activity	Definition
X	X	X	X	Unsubsidized Employment	Full time or part time employment in the public or private sector that is not subsidized by TANF or any other public program (excluding employer tax credits). Unsubsidized employment includes self employment and/or paid internships.
X	X	X	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><i>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.</i></p> <p><i>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.</i></p>
X	X		X	Community Service	<p><i>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.</i></p> <p><i>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.</i></p>
X	X	X	X	Job Search	<i>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.</i>
X	X	X	X	Job Readiness Training (JRT)	<i>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.</i>

X	X	X	X	Vocational Education	<i>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.</i>
X	X	X	X	Job Skills Training	<i>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.</i>
X	X	X	X	Education Training	<i>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.</i>
X	X	X	X	Secondary School	<i>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.</i>

X	X	X	X	Provision of Childcare for Individual Participating in Community Service	<i>Providing unpaid child care to enable another Temporary Assistance (TANF/MOE funded) recipient to participate in a community service program.</i>
X	X	X	X	Treatment Plan for Substance Abuse	<i>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.</i>
X	X	X	X	Treatment Plan Other than Substance Abuse	<i>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.</i>
				Other	<i>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.</i>

**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 referred to the Jobs Program Specialist once deemed employable. During the job search applicants are given a job search organizer sheet and made to contact a minimum of three employers per week on a weekly basis and put them on the sheet.

*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.*

Temporary Assistance recipients are referred to the Senior E&T Instructor when deemed appropriate. During job search recipients are given an employer contact sheet to complete a minimum of three employer contacts weekly, and conduct a minimum of ten hours job search activity weekly. Instruction may be provided, as needed, on critical job search topics such as resumes, job applications, skills identification, networking, making cold contacts, etc. Employment Counselor will meet with the job search recipient weekly and review the job search log.

### **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:  
[Click here and type the description]
- 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.  
One person makes telephone contacts, followed by a personal visit to a new business or established ones expanding and/or replacing employees
- Jobs Program staff are charged with job development as indicated in Section 2.3. Additional information, if any, is described below:  
[Click here and type additional information]

### **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:  
Applicants who indicate less than a high school education or GED attainment and those interested in ABE and those needing ESL are automatically referred to the F-E-H BOCES .

b. Describe how the district identifies/provides appropriate Vocational Education and Job Skills programs that are available to clients whose assessment indicates such services would be an appropriate work activity assignment:  
Through the aptitude/interest testing and assessment process clients are referred to appropriate vocational education and job skills training through North Country Community College, F-E-H BOCES and employer-specific training.

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.*

CDC will commit to increased employer-specific training by canvassing the employer community for their needs utilizing North Country Community College, F-E-H BOCES and newly developed training to improve participants ability to obtain employment for increase wages.

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

**Categories of Occupational Programs That May Be Approved**

- Vocational Education and Job Skills Training – training for a specific skill/occupation, conducted generally in an institutional setting, and with relevance to the local labor market; this training will be no longer than twelve months in duration
- Educational Training - designed to provide basic education, a high school diploma or equivalent, English as a second language, literacy training or preparation leading to enrollment in a vocational program.

**General Guidelines**

It will be the policy of DSS and CDC that:

- The maximum length of the Vocational Education Program is twelve months, one time only
- Training must fall with the two categories previously outlined
  - The training must be sufficient in itself to significantly enhance a participant's opportunity to secure employment; or
  - When combined with other training, represents part of a comprehensive plan for the participants to secure employment.
- The provider of training must have a demonstrated record of effectiveness and be a New York State Education Department approved institution.
- Clients enrolled in Vocational Education or Job Skill Training, less than full-time, and/or less than participant's required hours, may not be exempt from Workfare requirements.
- Training related expenses shall be provided only to the extent that they are not covered by other sources.

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

- This is done throughout case management

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

**Approval of Enrollment Plan**

Enrollees in education or training programs must have been first assessed then recommended and approved by CDC. The criteria upon which approvals or disapprovals are based shall be consistently applied to each potential enrollee, regardless of whether the plan is initiated by the recipient or by the agency. Those factors to be considered for a favorable recommendation are:

That the recipient demonstrates based on his/her individual assessment and employment plan, that he/she possesses the necessary skills, ability, and aptitude to successfully complete the proposed training.

- The counselor's recommendation is a must in order to enroll any applicant in a program.
- The participant must maintain at least a 2.0 or 70% GPA; one semester of academic probation will be allowed; this policy follows NCCC/BOCES Academic Policy.

That the client demonstrates an attitude and commitment to the proposed training that would be conducive to successful completion.

- The participant in Vocational Education or Job Skill Training will meet with his/her counselor at least monthly
- A participant cannot drop or add a class, or change an area of study, without prior approval from CDC; the participant must sign a release so all transcripts can be sent to CDC.
- Regular, punctual attendance is required.
- Timeliness of required paper work is mandatory.
- If continuing in an approved marketable area of study, a client must have previously maintained:
  - GPA of 2.0
  - An attendance record, with no more than 3 hours of absences per semester.

That the successful completion of the training would produce a skill that is reasonably marketable within the local economy. CDC will verify local labor market demand through any of the following sources:

1. New York State Department of Labor determination
2. Workforce Investment Board determination that the occupation or occupational area is in demand;
3. Placement information from the training institution.
4. On-the-Job Training (OJT) history that indicates a consistent employer for the occupational area.

That any previous training history does not contain elements that would indicate a pattern of failure, without sufficient cause, to successfully pursue or complete programs. Participant's cooperative effort, interest, goal-oriented outlook, attitude, cooperation, and dedication will be considered.

That the recipient does not already possess marketable skills that should preclude the need for further education or training.

- g. The district procedure for notifying participants of approval for training or enrollment in a work activity is:*  
When a work activity or training is approved an assignment letter is sent to the recipient notifying them or their work activity assignment. This notification states the activity site, location, supervisor, start date, number of hours per week and required documentation.
- 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:

*[Click here and type the procedure]*

- 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:*  
Release of Information Form is obtained and signed by the client then sent to school districts where attendance records are sent bi-weekly or monthly.
- 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:*  
The district notifies the work activity provider in writing, providing health-related limitations a participant may have. Monitoring is done to make sure limitations are being accommodated.

### **Section 3.7 Work Verification**

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

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

*The Quality Assurance plan must explain how staff will:*

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

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

The district will perform a random sample of three 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 telephone 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.

The district will perform a random sample of five 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, and 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.

The district will perform a random sample of one case per quarter in which a case member is reported as an employability code 38 – needed in the home full-time 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.

The district will perform a random sample of two 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 files will be reviewed to ensure there is a birth certificate present to verify the child under the age of one.

The district will perform a random sample of one case per quarter 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 for the exemption.

A total of 12 cases will be reviewed per quarter, which is just over 15% of our total TANF/SN MOE cases.

The district will assess and verify that participation in the work activities reported meets the state approved definition for the activity as part of their review of sampled cases. A summary report will be prepared following each review period and a copy of the report forwarded to Kathy Nagy.

*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):*

Please see above.

### **Section 3.8 Requirements for Exempt Temporary Assistance Participants** (Reference 18 NYCRR 385.2 (c))

*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.):*  
On an individual basis, DSS Employment Coordinator and CDC Training Services Supervisor will obtain and review medical evaluation documentations and recommendations, along with contracting medical providers to obtain physical and mental recommendations and capabilities.
- b. *Following is the district's procedure for developing a treatment plan and for referring the participant to appropriate treatment, etc.:*  
CDC will develop a treatment plan through assessments, evaluations, medical documentations, recommendations from D/A and mental health professionals, LD and MH screening tools and counselor recommendations and observations.

- 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.:*  
 CDC will maintain a bi-weekly contact (at a minimum) with the providers. For out-patient treatment, bi-weekly attendance sheets are required. For in-patient treatment, monthly attendance report is required.

### **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.

CDC Counselors work closely with clients in overcoming barriers, e.g., childcare, transportation, etc. Through intensive case management and home visits we are able to have more frequent contact and observation of problematic situations.

### **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:*
- A Pathways Program is in place meeting on a bi-weekly basis discussing various topics in relation to employment and self-sufficiency.
  - Home Visits
- ] *District attempts to engage sanctioned participants when the durational period of the sanction is completed using the following strategies:*  
 They are immediately scheduled to meet with an employment counselor to review present situation and engage in appropriate activities.
- ] *District attempts to engage sanctioned participants during different times in the sanction period using the following strategies:*  
 The Pathways Program that is in place is an on-going activity during the sanction process.

### **Section 3.11 Diversion Strategies**

- ] *District has no specific diversion strategies.*
- ] *District's diversion strategies are described below:*  
 A Temporary Assistance Questionnaire (TAQ) is reviewed prior to public assistance application with LDSS personnel in an attempt to identify immediate needs that may be met in lieu of applying for public assistance

## **SECTION 4 SUPPORT SERVICES** (Reference 18 NYCRR 385.4)

### **Section 4.1 For Temporary Assistance Applicants & 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:*
- Clothing necessary to participate in work activities
  - Physicals/immunizations
  - Licenses/fees
  - Work-related tools
  - Immediate need or service required to participate in assigned work activities
- 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):  
Transportation assistance, either through public transportation, where available, with tokens or coupons; mileage reimbursement (.28 per mile); and taxi; or gas coupons on a very limited basis. The average of Medicaid Star Drivers (.41) and non-Star drivers (.15) is (.28).
- 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:*  
Clients will be expected to walk or set-up their own transportation if they live two miles or less from the program activity location. Otherwise, if the distance is over two miles, transportation assistance will be available primarily through public transportation with tokens or coupons. If public transportation is not available, mileage reimbursement of .28 per mile may be approved. In extenuating circumstances a taxi or gas coupons may be allowed. The agency will accommodate transportation needs for clients with limitations.
- 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:*
- Post-employment incentive kit, provided to families who maintain employment for two pay cycles. The post-employment kit is a travel case with toiletries (shampoo, deodorant, hair spray, toothpaste and tooth brush); valued at \$80 with gift cards to K-Mart, Stewarts, McDonalds and American Village for laundry.
  - Transportation assistance, either through public transportation, where available, with tokens or coupons; mileage reimbursement (.28 per mile); and taxi; or gas coupons on a very limited basis.
  - Clothing necessary to participate in work activities
  - physicals/immunizations and work required medical examinations necessary for employment; licenses/fees;
  - work-related tools
  - car repairs and car insurance
  - Direct referral to:
    - interest free car loan or subsidized car loan
    - limited relocation assistance
    - post-employment case management
    - supportive services for public assistance recipients
    - preventive service for applicants, and
    - individuals at risk of needing public assistance who have present or near future verified employment may receive one time work-related expenses when accepting employment or are in jeopardy of losing employment or are seeking to improve existing employment up to the

following dollar amounts. This is not an entitlement. Eligibility is based on need and appropriateness. In most cases expenses may be shared with the individual.

- Clothing – uniforms, footwear, etc., for verified entry to employment  
Dollar limit: \$200
- Licenses/other work-related fees when necessary to accept/retain employment  
Dollar limit: \$200
- Employer required, job-related safety equipment, i.e., protective gloves, boots, head gear, etc.  
Dollar limit: \$200
- Employer required tools/equipment necessary to accept/retain employment.  
Dollar limit: \$200
- Automobile repairs necessary to ensure reliable transportation allowing clients to accept/retain employment  
Dollar limit: \$750
- Automobile insurance and registration for legally necessary insurance and car registration for client's vehicle when it is needed for client to accept/maintain employment  
Dollar limit: \$500
- Initial liability insurance costs up to a maximum of \$79 per child for temporary assistance recipient when such recipients become daycare providers
- Relocation assistance up to \$1000 for clients who have documented employment verified by employer or has recently been hired. This may include transportation, housing deposit, utilities hook-up, etc.
- Daycare costs will be handled through the federal TANF Block Grant.

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):*

*[X] 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:*

The district may provide the following supportive services to support job retention to individuals whose Temporary Assistance cases have closed due to employment.

The district may provide the following services to assist individuals at risk of needing public assistance to improve their opportunities for employment or to maintain their employment or to accept employment.

- Transportation assistance, either through public transportation tokens or coupons; mileage reimbursement (.28 per mile); and taxi; or gas coupons on a very limited basis.
- Clothing necessary to gain or retain employment
- Physicals/immunizations and work-required medical examinations necessary for employment
- Licenses/fees
- Work-related tools
- Car repairs and car insurance
- Interest free car loan or subsidized car loan;
- Limited relocation assistance
- Post-employment case management
- Supportive services for public assistance recipients
- Preventive service for applicants, and individuals at risk of needing public assistance who have present or near future verified employment may receive one time work-related expenses when accepting employment or are in jeopardy of losing employment or are seeking to improve existing employment up to the following dollar amounts. This is not an entitlement. Eligibility is based on need and appropriateness. In most cases expenses may be shared with the individual.

- Clothing – uniforms, footwear, etc., for verified entry to employment.  
Dollar limit: \$200
- Licenses/other work-related fees when necessary to accept/retain employment.  
Dollar limit: \$200
- Employer required, job-related safety equipment, i.e., protective gloves, boots, head gear, etc.  
Dollar limit: \$200
- Employer required tools/equipment necessary to accept/retain employment.  
Dollar limit: \$200
- Automobile repairs necessary to ensure reliable transportation allowing clients to accept/retain employment  
Dollar limit: \$750
- Automobile insurance and registration for legally necessary insurance and car registration for client's vehicle when it is needed for client to accept/maintain employment  
Dollar limit: \$500
- Initial liability insurance costs up to a maximum of \$79 per child for temporary assistance recipient when such recipients become daycare providers
- Relocation assistance up to \$1000 for clients who have documented employment verified by employer or has recently been hired. This may include transportation, housing deposit, utilities hook-up, etc.
- Daycare costs will be handled through the federal TANF Block Grant.

*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.*

The district may provide the following supportive services to support job retention to individuals whose Temporary Assistance cases have closed due to employment.

The district may provide the following services to assist individuals at risk of needing public assistance to improve their opportunities for employment or to maintain their employment or to accept employment.

- Transportation assistance, either through public transportation tokens or coupons; mileage reimbursement (.28 per mile); and taxi; or gas coupons on a very limited basis.
- Clothing necessary to gain or retain employment
- Physicals/immunizations and work-required medical examinations necessary for employment
- Licenses/fees
- Work-related tools
- Car repairs and car insurance
- Interest free car loan or subsidized car loan;
- Limited relocation assistance
- Post-employment case management
- Supportive services for public assistance recipients
- Preventive service for applicants, and individuals at risk of needing public assistance who have present or near future verified employment may receive one time work-related expenses when accepting employment or are in jeopardy of losing employment or are seeking to improve existing employment up to the following dollar amounts. This is not an entitlement. Eligibility is based on need and appropriateness. In most cases expenses may be shared with the individual.
  - Clothing – uniforms, footwear, etc., for verified entry to employment  
Dollar limit: \$200
  - Licenses/other work-related fees when necessary to accept/retain employment  
Dollar limit: \$200
  - Employer required, job-related safety equipment, i.e., protective gloves, boots, head gear, etc.  
Dollar limit: \$200
  - Employer required tools/equipment necessary to accept/retain employment.  
Dollar limit: \$200

- Automobile repairs necessary to ensure reliable transportation allowing clients to accept/retain employment  
Dollar limit: \$750
- Automobile insurance and registration for legally necessary insurance and car registration for client's vehicle when it is needed for client to accept/maintain employment  
Dollar limit: \$500
- Initial liability insurance costs up to a maximum of \$79 per child for temporary assistance recipient when such recipients become daycare providers
- Relocation assistance up to \$1000 for clients who have documented employment verified by employer or has recently been hired. This may include transportation, housing deposit, utilities hook-up, etc.
- Daycare costs will be handled through the federal TANF Block Grant.

### **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.

- Transportation assistance, either through public transportation, where available, with tokens or coupons; mileage reimbursement (.28 per mile); and taxi; or gas coupons on a very limited basis.
- Clothing necessary to gain or retain employment
- Physicals/immunizations and work required medical examinations necessary for employment
- Licenses/fees
- Work-related tools
- Car repairs and car insurance
- Interest free car loan or subsidized car loan;
- Limited relocation assistance
- Post-employment case management
- Supportive services for public assistance recipients
- Preventive service for applicants, and individuals at risk of needing public assistance who have present or near future verified employment may receive one time work-related expenses when accepting employment or are in jeopardy of losing employment or are seeking to improve existing employment up to the following dollar amounts. This is not an entitlement. Eligibility is based on need and appropriateness. In most cases expenses may be shared with the individual.
  - Clothing – uniforms, footwear, etc., for verified entry to employment  
Dollar limit: \$200
  - Licenses/other work-related fees when necessary to accept/retain employment  
Dollar limit: \$200
  - Employer required, job-related safety equipment, i.e., protective gloves, boots, head gear, etc.  
Dollar limit: \$200
  - Employer required tools/equipment necessary to accept/retain employment.  
Dollar limit: \$200
  - Automobile repairs necessary to ensure reliable transportation allowing clients to accept/retain employment  
Dollar limit: \$750
  - Automobile insurance and registration for legally necessary insurance and car registration for client's vehicle when it is needed for client to accept/maintain employment  
Dollar limit: \$500
  - Initial liability insurance costs up to a maximum of \$79 per child for temporary assistance recipient when such recipients become daycare providers
  - Relocation assistance up to \$1000 for clients who have documented employment verified by employer or has recently been hired. This may include transportation, housing deposit, utilities hook-up, etc.
  - Daycare costs will be handled through the federal TANF Block Grant.

**Section 4.4 Supportive Services for Food Stamp Employment & Training (FSET)**

**Participants:** (Reference 18 NYCRR 385.4(b))

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

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

The same that is allowable for public assistance recipients as stated in Section 4.1a

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

The same that is allowable for public assistance recipients as stated in Section 4.1b

**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:*

*[Click here and type the procedure]*

*The good cause/willfulness determination is made by:*

*client's employment worker*

*a supervisor*

*separate entity (please describe below)*

*other (please describe below)*

And/or LDSS Social Welfare Examiner in the Employment Unit.

**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:*

An individual who wishes to end their sanction must request, in writing, to be added to the case. The individual must complete the assessment process before being added to the case.

### **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 18 NYCRR 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.*  
Neuropsychological evaluations, mental health and drug alcohol professionals

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

- District directs the contracted physician or individual's physician to determine status.*
- District review team reviews and determines status (described below)*
- Specialized disability/medical staff or unit reviews and determines status (described below).*
- Other, described below:*  
The review team reviews all medical documentation to determine if the individual is exempt, non-exempt or work limited, followed by notification to the client.



Is client in need of any work/training related supportive services?  Yes  No

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

**CAREGIVERS**

Do you have arrangements for the care of your child(ren) while you attend training or work?  Yes  No

If yes, describe the arrangements \_\_\_\_\_

**SPECIAL SERVICE NEEDS OF ADULTS**

Are you physically able to work?  Yes  No Do you have any health or medical limitations?  Yes  No

Is there any other persons in the home with a disability?  Yes  No If yes, describe \_\_\_\_\_

are there any other reasons why you could not participate in training or accept employment? \_\_\_\_\_

**SUBSTANCE ABUSE** (complete the following, if history of alcohol/drug problems exist)

Alcohol/Drugs  Yes  No If yes, describe sources of treatment \_\_\_\_\_ Counselor \_\_\_\_\_

Do you have any regularly scheduled appointments (Probation, St. Joseph's Rehab, Mental Health, Domestic Violence, Services, VESID)

Yes  No If yes, explain \_\_\_\_\_

**OFFENDER STATUS**

Have you even been convicted of a felony or misdemeanor?  Yes  No If yes, type, date, details \_\_\_\_\_

Are you currently on Probation/Parole (circle one)?  Yes  No Name of Officer \_\_\_\_\_

Do you have reporting requirements?  Yes  No If yes, describe \_\_\_\_\_

**TRANSPORTATION**

Describe your transportation situation \_\_\_\_\_

Do you own your own vehicle?  Yes  No Driver's License?  Yes  No

Driver's Permit?  Yes  No

**PLANNED CLIENT ACTIVITY: Transition Plan for \_\_\_\_\_ (Applicant's Name)**

Develop with client their own plan to move them from program activities to employment. Consider barriers, services and intervention needed to overcome barriers (include time frame and sequence of activities). Participant's preferred worksite/activity.

	Planned Start Date	Planned End Date		Planned Start Date	Planned End Date
JS/JC			Voc. Ed.		
WE			TEAP		
Comm. Serv.			PA OJT		
JRT			PSE		
Edge/Bridge			JST		
Assessment			WIA		
Ed. Training			TOP		

**COMMENTS**

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

## Learning Needs Screening Tool

Franklin County  
Dept. Of Social Services

Interview Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Background Information		
Name:	DOB:	Interviewer:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single Parent <input type="checkbox"/> 2 Parent	<input type="checkbox"/> Safety Net
Completed years of formal education:		
Degrees: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> AA-degree <input type="checkbox"/> Other (specify):		
What kind of job would you like?		
Do you have experience in this field or related field?		
Is there something that makes it hard for you to get or keep this type of work?		
What would help?		
<b>Before answering the following questions, read the statement aloud on the next page to the client. See instructions on the next page.</b>		
<b>Yes Section I</b>		
<input type="checkbox"/> 1. Have you had any problems learning in middle school or junior high? <input type="checkbox"/> 2. Do you have difficulty working from a test booklet to an answer sheet? <input type="checkbox"/> 3. Do you have difficulty or experience problems working with numbers in a column? <input type="checkbox"/> 4. Do you have trouble judging distances? <input type="checkbox"/> 5. Do any family members have learning problems?		
1 x _____ = _____ = <b>Count the number of yes's and multiply by 1.</b>		
<b>Yes Section II</b>		
<input type="checkbox"/> 6. Have you had any problems learning in elementary school? <input type="checkbox"/> 7. Do you have difficulty or experience problems mixing mathematical signs (+ / x)?		
2 x _____ = _____ = <b>Count the number of yes's and multiply by 2.</b>		
<b>Yes Section III</b>		
<input type="checkbox"/> 8. Do you have difficulty or experience problems filling out forms? <input type="checkbox"/> 9. Do you experience difficulty memorizing numbers? <input type="checkbox"/> 10. Do you have difficulty remembering how to spell simple words you know?		
3 x _____ = _____ = <b>Count the number of yes's and multiply by 3.</b>		
<b>Yes Section IV</b>		
<input type="checkbox"/> 11. Do you have difficulty or experience problems taking notes? <input type="checkbox"/> 12. Do you have difficulty or experience problems adding and subtracting small numbers in your head?? <input type="checkbox"/> 13. Were you ever in a special program or given extra help in school?		
4 x _____ = _____ = <b>Count the number of yes's and multiply by 4.</b>		
<b>Total Row (Add number of Yes answers from each section)</b>		
Section I _____ + Section II _____ + Section III _____ + Section IV _____ = _____ <b>Total Number</b>		

## LEARNING NEEDS SCREENING TOOL

BEFORE ASKING THE FOLLOWING QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

The following questions are about your school and life experiences. This information will provide a better understanding of the services you will need to be successfully employed. We're trying to find out how it was for you (or your family members) back in school or how some of these issues might affect your life now. These questions will help us identify resources that will aid you in self sufficiency planning with your caseworker.

Ask all questions.

1. Ask the client each question in Section I, II, III, and IV.
2. Check Yes if client answers the question with "Yes".
3. In each section, count the number of "Yes" answers.
4. Multiply the number of "Yes" responses in each section by the number shown in the "Count the number of Yes's" area. For example, multiply the number of Section III "Yes's" by 3.
5. Record that product after the = sign in that area.
6. Add up the numbers after the = sign and enter that total in the Total row.
7. If the total is 12 or more, the participant may need further assessment and/or referral for employment-related accommodation.

Client Name:	Counselor:	Date:
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## Section A: Wellness Assessment and Referral Form

Please answer the following questions

<i>Screening Questions</i>	<i>Yes</i>	<i>No</i>
1. During the past 4 weeks have you felt sad nearly every day?		
2. During the past 4 weeks have you felt hopeless about the future?		
3. During the past 4 weeks have you lost interest in things you normally enjoy?		
4. During the past 4 weeks have you had difficulty sleeping?		
5. During the past 4 weeks have you experienced a big change in your weight or appetite not due to dieting?		
6. During the past 4 weeks have you had a loss of energy or felt tired nearly every day?		
7. During the past 4 weeks have you had feelings of worthlessness or guilt nearly every day?		
8. During the past 4 weeks have you had difficulty concentrating or making decisions?		
9. During the past 4 weeks have you experienced racing thoughts on a regular basis or an inability to stay focused on one activity?		
10. During the past 4 weeks have you experienced a decreased need for sleep?		
11. During the past 4 weeks have you experienced a large increase in your energy level for no reason?		
12. During the past 4 weeks on more than one occasion have you experienced a sudden, unexplained attack of great fear, anxiety, or panic along with physical symptoms such as shortness of breath, irregular heartbeat, feelings of choking, dizziness, loss of control, etc.?		
13. During the past 4 weeks have you been constantly worrying or upset about several different things (finances, health, work, family, etc.) to the point that it has interfered with your daily activities or caused physical symptoms such as feeling keyed up, restlessness, muscle tension, poor concentration, or poor sleep?		
14. During the past 4 weeks have you been bothered by on-going, senseless thoughts, impulses or images you could not get out of your head (i.e. death, illness, aggression, sexual urges, contamination, etc.) that caused a lot of anxiety or distress?		

Notes: \_\_\_\_\_

Client Name:	Counselor:	Date:
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**Section A: Wellness Assessment and Referral Form *Continued...***

Please answer the following questions

<i>Screening Questions</i>	<i>Yes</i>	<i>No</i>
15. In the past 4 weeks did you do something repeatedly even though you didn't wish to do it, like washing excessively, counting, checking, collecting things, arranging things, or a superstitious ritual that was time consuming and caused you significant distress?		
16. In the past 4 weeks did you avoid or feel extremely anxious or upset about a social situation (eating in public, dating, attending a social gathering) due to an intense fear of being embarrassed or criticized by others?		
17. Have you ever had a frightening or horrible experience (being a victim of a violent crime, seriously injured in an accident, sexually assaulted, seeing someone seriously injured or killed, being the victim of a natural disaster)? If "No", skip to question 20.		
18. For more than a month did you relive the experience through recurrent dreams, preoccupations, flashbacks or in other upsetting ways disturbing normal day to day actions (problems sleeping or concentrating, avoiding places or things that reminded you of the event, intense mood swings, irritability or problems expressing emotion)?		
19. Have you ever experienced hearing things such as voices or seeing or feeling things that others said weren't there that caused you significant distress?		
20. Have you ever had an intense and persistent feeling that someone/something was out to get you that others have said was not true?		
21. Do you have a history or have you ever been treated for mental health issues?		
22. Have you ever been hospitalized for a mental health issue?		
23. During the past six months have you seriously thought about or tried to commit suicide?		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Referred for Neuro-Psychological Evaluation	Date Referred: _____
Referred for Counseling	Date Referred: _____
Staff Signature: _____	Date: _____

Client Name:	Counselor:	Date:
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## Section B: Behavioral Observation and Referral Form

Client shows the following possible signs of mental health problem:  
 (Check all that apply)

<u>Behavioral Observation</u>
<b>If 5 or more boxes are checked, refer for counseling and/or evaluation</b>
<input type="checkbox"/> Extremely poor hygiene or unkept appearance.
<input type="checkbox"/> Flat or blunted emotional affect or lack of emotional expression.
<input type="checkbox"/> Slow or labored speech.
<input type="checkbox"/> Expresses emotion that doesn't fit with the situation.
<input type="checkbox"/> Extremely thin, malnourished or emaciated appearance.
<input type="checkbox"/> Strange speech patterns or communication of strange thoughts. Thoughts may be unconnected.
<input type="checkbox"/> Responding to stimuli that aren't there (voices/images).
<input type="checkbox"/> Fatigued appearance (i.e. dark circles under eyes).
<input type="checkbox"/> Hyperactive or extremely fast speech.
<input type="checkbox"/> Unable to focus attention/concentration.
<input type="checkbox"/> Restlessness; unable to sit still.
<input type="checkbox"/> Excessive physical shaking or rocking.
<input type="checkbox"/> Crying.
<input type="checkbox"/> Easily agitated, irritable, or aggressive.
<input type="checkbox"/> Drifting off or staring blankly (zoning out).
<input type="checkbox"/> Sweeping mood swings (happy to sad).
<b>Other Observations:</b>

# Franklin County Grant Recipient - Career Development Center

**WORKFORCE INVESTMENT PROGRAM ADMINISTRATOR**  
Mary Beth McKee

**FISCAL MANAGER**  
Fred Boardway

**SENIOR ACCOUNT CLERK**  
Connie Jeror

**WORKFORCE PROGRAM ASSISTANT DIRECTOR**  
Joelle Lamica

**TRAINING SERVICES SUPERVISOR**  
Linda Hartz - 50%

**COORDINATOR OF BUSINESS SERVICES**  
Jeri-Lyn Blov

**PRINCIPAL ACCOUNT CLERK**  
Pam Steenberge  
**CLERK**  
Leisha Lewis - 15%

**BRIDGE PROGRAM SENIOR COUNSELOR**  
Jill Vangher  
**COUNSELOR**  
Teena Pekey  
**LAB INSTRUCTOR**  
Amy Landry

**SENIOR E&T REPRESENTATIVE**  
Biane Johnston - 100%  
Linda Wool - 50%

**SENIOR E&T CASE MANAGER**  
Tina Taylor

**SENIOR E&T INSTRUCTOR**  
Maureen Kirby - 85%

**E&T REPRESENTATIVE**  
Lori Lantry - 25%  
Joslyn LaPage  
Linda Marshall

**COUNTY MANAGER**

**FRANKLIN COUNTY BOARD OF LEGISLATORS**

**HUMAN RESOURCE COMMITTEE**

**LEGAL UNIT**

Jonathan Wool, DSS Attorney  
481-1536  
1 Assistant DSS Attorney  
1 Senior Caseworker, SG XII  
1 Paralegal Trainee, SG IX  
1 Legal Secretary, SG VII

**ACCOUNTING**

Darrell Clookley  
Director of Administrative Services  
481-1844  
1 Principal Account Clerk, SG X  
2 Sr. Account Clerks, SG VI  
1 Account Clerk, SG IV

**COMMISSIONER'S OFFICE**

Lesley B. Lyon  
Commissioner of Social Services  
481-1876  
1 Secretary to the Commissioner

**DIRECTOR OF SERVICES**

Lowell Terryson  
481-1874

**WELFARE MANAGEMENT SYSTEM**

481-1874  
1 Micro-Computer Operator, SG VI  
1 Data Entry Operator, SG IV

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

Ona Rushton, Director of Financial Assistance  
481-1805  
4 Socially Welfare Examiners, SG IX  
1 Social Welfare Examiner, SG VII  
1 Senior Clerk, SG IV  
1 Typist, SG III  
2 Clerks, SG III  
1 Community Service Worker, SG III

**MEDICAL EXAMINER**

Dr. Sally White  
Medical Director

**FOSTER CARE**

Stephen Fontneau/Vicky Smith  
481-1824  
1 Caseworker Supervisor, SG XIII  
1 Caseworker/homemaker, SG XI  
7 Caseworkers, SG XI  
1 Community Services Aide, SG II

**FAMILY PREVENTIVE**

Lisa Griffin  
481-1810  
1 Caseworker Supervisor, SG XIII  
5 Caseworkers, SG XI  
2 Caseworkers (School Workers), SG XI  
1 Homemaker, SG IV

**STAFF DEVELOPMENT COORDINATOR**

Michelle Mu  
481-1431

**PARENTING & SCHOOL WORKERS**

Lisa Griffin  
481-1515  
1 Caseworker Supervisor, SG XIII  
5 Caseworkers, SG XI  
1 Case Services Aide, SG V

**ADULT SERVICES**

Lynn Black  
481-1933  
1 Sr. Caseworker, SG XII  
1 Social Welfare Examiner, SG VII  
1 Clerk, SG III

**DAYCARE**

Kathryn Brethour  
481-1815  
1 Caseworker Supervisor, SG XIII  
5 Caseworkers, SG XI

**MEDICAL ASSISTANCE**

Ona Rushton  
Director of Administrative Services  
481-1805  
1 Sr. Social Welfare Examiner, SG IX  
2 Social Welfare Examiners, SG VII  
1 Senior Clerk, SG IV  
1 Clerk, SG III

**CHILD SUPPORT ENFORCEMENT UNIT**

Theresa Reine  
Coordinator of Child Support  
481-1861  
Nancy Almond  
Assistant Coordinator of Child Support  
481-1763

**JD/PINS**

Lisa Griffin  
481-1615  
1 Caseworker Supervisor, SG XIII  
2 Caseworkers, SG XI

**CASE MANAGEMENT MENTOR COORDINATOR**

Penny McQuinn  
481-1577  
5 Mentors  
481-1583

**INVESTIGATION UNIT**

Sr. Support Investigator, SG IX  
2 Support Investigators, SG VIII  
7 Social Welfare Examiners, SG VII  
1 Sr. Stenographer, SG V

**CHILD PROTECTIVE**

Jody Southworth  
481-1820  
1 Caseworker Supervisor, SG XIII  
1 Sr. Caseworker, SG XII  
6 Caseworkers, SG XI  
1 Typist, SG III

**MEDICAL UNIT**

Caklin Spinner  
481-1856  
1 Caseworker Supervisor, SG XIII  
1 Caseworker (CHAP), SG XI  
3 Caseworkers (MAP Care), SG XI  
1 Sr. Clerk, SG IV

**HEAP - NPA**

Kathy Marlowe  
481-1791  
1 Sr. Social Welfare Examiner, SG IX  
2 Social Welfare Examiners, SG VII  
2 Community Service Workers, SG III

**MEDICAL TRANSPORTATION AND RECEIPTS**

Kathy Marlowe  
481-1791  
2 Account Clerks, SG IV

**EMPLOYMENT UNIT - JOBS**

Rosemary Perry  
Employment Coordinator  
481-1774  
1 Social Welfare Examiner, SG VII

**OUTREACH OFFICES**

(Saratoga Lake and Upper Lake)  
Medical Director  
2 Sr. Community Service Workers, SG V

**FRAUD**

Ona Rushton  
481-1805  
2 Social Service Investigators, SG X

**SUPPORT COLLECTION**

1 Typist, SG III  
Sue Distrow  
Principal Account Clerk  
481-1867  
3 Account Clerks, SG IV

## Learning Needs Screening Tool

Franklin County  
Dept. Of Social Services

Interview Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Background Information		
Name:	DOB:	Interviewer:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single Parent <input type="checkbox"/> 2 Parent	<input type="checkbox"/> Safety Net
Completed years of formal education:		
Degrees: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> AA degree <input type="checkbox"/> Other (specify):		
What kind of job would you like?		
Do you have experience in this field or related field?		
Is there something that makes it hard for you to get or keep this type of work?		
What would help?		
<b>Before answering the following questions, read the statement aloud on the next page to the client. See instructions on the next page.</b>		
<b>Yes Section I</b> <input type="checkbox"/> 1. Have you had any problems learning in middle school or junior high? <input type="checkbox"/> 2. Do you have difficulty working from a test booklet to an answer sheet? <input type="checkbox"/> 3. Do you have difficulty or experience problems working with numbers in a column? <input type="checkbox"/> 4. Do you have trouble judging distances? <input type="checkbox"/> 5. Do any family members have learning problems?		
<b>1 x _____ = _____ = Count the number of yes's and multiply by 1.</b>		
<b>Yes Section II</b> <input type="checkbox"/> 6. Have you had any problems learning in elementary school? <input type="checkbox"/> 7. Do you have difficulty or experience problems mixing mathematical signs (+ / x)?		
<b>2 x _____ = _____ = Count the number of yes's and multiply by 2.</b>		
<b>Yes Section III</b> <input type="checkbox"/> 8. Do you have difficulty or experience problems filling out forms? <input type="checkbox"/> 9. Do you experience difficulty memorizing numbers? <input type="checkbox"/> 10. Do you have difficulty remembering how to spell simple words you know?		
<b>3 x _____ = _____ = Count the number of yes's and multiply by 3.</b>		
<b>Yes Section IV</b> <input type="checkbox"/> 11. Do you have difficulty or experience problems taking notes? <input type="checkbox"/> 12. Do you have difficulty or experience problems adding and subtracting small numbers in your head?? <input type="checkbox"/> 13. Were you ever in a special program or given extra help in school?		
<b>4 x _____ = _____ = Count the number of yes's and multiply by 4.</b>		
<b>Total Row (Add number of Yes answers from each section)</b> Section I _____ + Section II _____ + Section III _____ + Section IV _____ = _____ <b>Total Number</b>		

## LEARNING NEEDS SCREENING TOOL

BEFORE ASKING THE FOLLOWING QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

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Ask all questions.

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5. Record that product after the = sign in that area.
6. Add up the numbers after the = sign and enter that total in the Total row.
7. If the total is 12 or more, the participant may need further assessment and/or referral for employment-related accommodation.



	Planned Start Date	Planned End Date		Planned Start Date	Planned End Date
JS/IC			Voc. Ed.		
WE			TEAP		
Comm. Serv.			PA OUT		
JRT			PSE		
Edge/Bridge			JST		
Assessment			WIA		
Ed. Training			TOP		

**PLANNED CLIENT ACTIVITY, Transition Plan for** (Applicant's Name) Develop with client their own plan to move them from program activities to employment. Consider barriers, services and intervention needed to overcome barriers (include time frame and sequence of activities). Participant's preferred worksite/activity.

Do you own your own vehicle? Yes  No   
 Driver's License? Yes  No   
 Driver's Permit? Yes  No

**TRANSPORTATION**

Describe your transportation situation \_\_\_\_\_  
 Do you have reporting requirements? Yes  No   
 If yes, describe \_\_\_\_\_  
 Are you currently on Probation/Parole (circle one)? Yes  No   
 Name of Officer \_\_\_\_\_  
 Have you even been convicted of a felony or misdemeanor? Yes  No   
 If yes, type, date, details \_\_\_\_\_

**OFFENDER STATUS**

Yes  No   
 If yes, explain \_\_\_\_\_  
 Do you have any regularly scheduled appointments (Probation, St. Joseph's Rehab, Mental Health, Domestic Violence, Services, VESID) \_\_\_\_\_

**RESISTANCE AREA** (complete the following, if history of alcohol/drug problems exist)

Alcohol/Drugs Yes  No   
 If yes, describe sources of treatment \_\_\_\_\_  
 Counselor \_\_\_\_\_  
 Are there any other reasons why you could not participate in training or accept employment? \_\_\_\_\_

**SPECIAL SERVICE NEEDS OF ADULTS**

Are you physically able to work? Yes  No   
 Do you have any health or medical limitations? Yes  No   
 If yes, describe \_\_\_\_\_  
 Do you have arrangements for the care of your child(ren) while you attend training or work? Yes  No

**GENERAL**

Is client in need of any work/training related supportive services? Yes  No   
 If yes, describe \_\_\_\_\_