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

Eliot Spitzer
Governor

David A. Hansell
Commissioner

March 5, 2008

Michael Fitzgerald
Commissioner
Madison County Department of Social Services
P.O. Box 637
Wampsville, New York 13163

Dear Commissioner Fitzgerald:

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
Inez DeGroat
Kimberly Groom

"providing temporary assistance for permanent change"

bcc: S. Antos
D. Bloodstein





**MADISON COUNTY
DEPARTMENT OF SOCIAL SERVICES**

Phone: (315) 366-2211

Michael A. Fitzgerald, Commissioner
Madison County Complex, Building 1
North Court Street
PO Box 637

Fax: (315) 366-2553

Wampsville, New York 13163

January 15, 2008

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

Dear Ms. Guinn:

Enclosed is Madison County's final submission of the 2008 – 2009 Temporary Assistance and Food Stamp Employment Plan, including attachments. If you have any questions, please contact me at 315-366-2246 or by e-mail.

Sincerely,

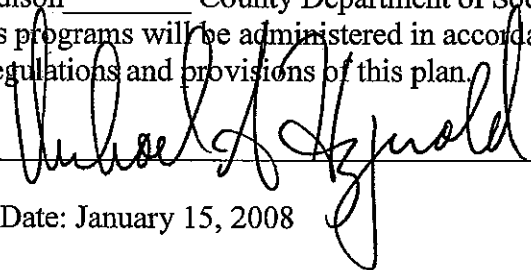
Stephen A. Garneau
Deputy Commissioner

SAG/lj
Enclosures

**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 Madison 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 _____ Madison _____ County Department of Social Services, I hereby affirm that employment services programs will be administered in accordance with all applicable federal and State policies, laws, regulations and provisions of this plan.


_____, Social Services Commissioner

Date: January 15, 2008

Section 2 Administration

Section 2.1 Administrative Structure

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

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

The Madison County DSS Employment Services unit (within DSS) operates the WTW Program in Madison County. This unit consists of a Welfare Employment Representative, a Senior Social Welfare Examiner, and a Work Program Crew leader and two Social Welfare Examiners that handle day care cases. The unit is supervised by the Director of IM. The Employment unit provides the WTW services which include, but are not limited to, orientation, assessment, employability planning, assignment to work activity, monitoring of treatment or rehabilitation to restore self-sufficiency, coordination and provision of supportive services, and disability determinations as they relate to employability.

The same unit and staff (Welfare Employment Representative and Senior Social Welfare Examiner) are also responsible for employability determinations, conciliation, sanction, dispute resolution and coordination of supportive services that are provided to individuals to enable them to participate in WTW activities including employment.

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The on-site JOBS Program Services staff person also assists the LDSS Employment unit as outlined in Section 2.3 of this Plan.

The total number of employees of the local Department of Social Services is 118.5.

Section 2.2 TA and FSET Provider Agencies

Table 1 lists the local contracts or agreements with agencies to provide employment services to TA and FS clients. These activities and services may include, but are not necessarily limited to, employability determinations, development of assessments and employment plans, conciliation and grievance activities, provision of work activities, monitoring and support for compliance with treatment plans for exempt individuals with the potential for restoration to self-sufficiency, job development, job placement and retention services, and other employment related activities.

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

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

TABLE 1 - Contracts Associated with Employment Programs and Services

Provider	Total Contract Cost (per yr.)	Funding Source(s)	Categories of Clients Served	Programs, Services or Activities Provided
Madison-Oneida BOCES	\$12,500	State/Federal/Local	200% TANF,SN FS	Job Readiness, Job Development, Job Club
Madison County CAP	\$80,120	FFFS	200% TANF	Transportation
Liberty Resources	\$77,813	FFFS	200% TANF	Drug & Alcohol/Case Management
	\$			
	\$			
	\$			
	\$			

	\$			
Total	\$170,433			

TABLE 2 – Other Service Providers

Provider	Funding Source(s) (if known)	Categories of Clients Served	Programs, Services or Activities Provided
SUNY Morrisville		200% TANF	BRIDGE
Madison County CAP		20% TANF	Wheels to Work
Oneida City Public Library		All	English as a Second Language (ESL)
Mid York Child Care Council		All	Child Care Resource and Referral Services
Cornell Cooperative Extension		FS, TANF SN	Eat Smart New York
Working Solutions Madison Co. E&T		All	Employment Counseling and use of computers for resume Writing, etc.

Section 2.3 – Jobs Agreement

Jobs Program Services – Target Groups

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

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

Other Services Requested

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

WTWCMS data entry, case conferencing, assisting with "check pick-up" (involves monitoring individual's progress/status w/activities.

Jobs Program Staffing and Location (Address)

Number of Jobs staff -1

Locations

1. Social Service Building, P.O. Box 637, N.
Court St., Wampsville, N.Y. 13163

2.

3.

Jobs Program LDSS Staff Contact (Name & Phone Number)

Inez DeGroat- (315) 366-2622

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.

The district's definition is further defined as any combination of hours worked on a LDSS approved work experience worksite, employment at or above the applicable State or Federal minimum wage in unsubsidized private or public sector employment, LDSS approved community service, involvement in medical/drug/alcohol treatment known to the LDSS, SSI/SSD application appeal known to the LDSS, independent medical exams assigned by the LDSS, psychological counseling known to the LDSS and prescribed by a qualified health professional, and/or LDSS approved education/training as outlined in this Plan. The agency reserves the right to require more hours, up to 40 per week, as it deems necessary. This determination may be on a case by case basis.

All activities are comparable Food Stamp Employment and Training (FSE& T) activities unless otherwise specified.

Section 3.2 Orientation (Reference 18 NYCRR 385.5)

Check one of the following:

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

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

- The customer's requirement to provide medical verification of limitations and/or disabilities. The LDSS will provide independent medical exams (IME) when needed.

- The customer's obligation to participate in programs to evaluate the need for vocational and/or drug/alcohol/medical counseling or rehabilitation. DSS will provide referrals for evaluations and establishment of treatment plans.

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

The orientation is conducted by Employment staff and/or JOBS staff at time of application and is done individually with the applicant. The orientation is conducted similarly at recertification.

Section 3.3 Assessment and Employability Planning

Temporary Assistance Assessment (Reference 18 NYCRR 385.6 and 385.7)

a. Check one of the following:

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

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

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

In addition to the Assessment Form, the LDSS uses the TABE Test administered by BOCES at the Job Club/Job Development component to measure literacy levels of all consumers. Additionally, customers requesting education/training approval are referred to the WIA for a generalized assessment.

The WWTWCMS Assessment Summary (Attached) is also completed.

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))

A member of the Madison County DSS Employment Unit and/or JOBS staff will administer the assessment tool. All staff involved meet minimum requirements of the civil service positions.

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

Madison County DSS Employment Unit and co-located JOBS staff person.

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

Yes No

Applicants in households without dependent children are required to participate:

Yes No

Food Stamps Assessment

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

- a. The district does does not require work registrants to participate in a formal employment assessment.
- b. If assessment is required, the assessment includes the following elements:

Attachment "C" is the Madison County DSS Assessment. It is the same document used for temporary assistance assessments. The WWTWCMS Assessment Summary (Attached) is also completed.

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

- a. A copy of the district's employability plan is attached and:
 - The district completes employment plans in accordance with 18 NYCRR 385.6(b) and 385.7(b) and no additional information is contained in the plan.

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

The results of any testing the individual completed.

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

N/A

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

N/A

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

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

The district plans to meet federal and State Temporary Assistance participation rate requirements by engaging nonexempt individuals in activities within 2-3 weeks of case opening. Individuals

whose status changes from exempt to nonexempt are similarly engaged in activities within 2-3 weeks of the change.

This and other factors regarding participation rate and engagement are monitored as follows:

- A review of all “employable” cases occurs on a monthly basis. This review involves the participation of Employment Unit staff including JOBS staff, TA supervisors, and the Director of TA who also oversees the Employment Unit. This monthly review monitors the status of each “employable” to insure that they are engaged as fully as is appropriate, and will also monitor their “employment” code to make sure it is correct. The status of individuals with medical issues will also be re-examined to determine if updated information is needed and if the individual is fully engaged in relation to their limitations and abilities. The status of individuals referred for SSI/SSD, and those being considered for referral, is also reviewed.
- All “employable” individuals who are not fully engaged in activities are required to come to the DSS office to pick up their benefit check. At this time, Employment unit staff have the opportunity to monitor their progress in employment activities.
- Employment Unit staff utilize the various reports provided by OTDA as well as a locally developed “employables” report in order to assist in monitoring the participation of these individuals.

The district’s weekly standard participation requirement for individuals in the different case and household types are as follows:

- Households with no children under age six are required to participate 30 hours per week; however, for the activity of Work Experience most cases cannot even participate 30 hours due to grant and food stamp benefit amount in relation to minimum wage and lack of other appropriate countable work activities to assign.
- Single caretaker of a child under age six is required to participate a minimum of 20 hours per week. Those who are engaged in unsubsidized employment or approved educational activities may be participating more than 20 hours per week.









In all instances we strive to engage all clients up to 40 hours per week in one or more countable work activities.

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.

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

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

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

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

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

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

As an additional measure of verification, employment unit staff will contact a 10% sample of employers listed on each job search participant's log on a semi-monthly basis to verify that the participant actually contacted the employer about a job.

Hours of participation reported by the participant that are determined to be complete and reasonable will be reported on the Welfare to Work Caseload Management System (WTWCMS) as actual hours of participation.

The above job search requirements also apply to Safety Net non-MOE applicants/recipients.

The only activities other than job search that are routinely expected of TA applicants during the application period are Job Club and Mobil work crew orientation.

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.

Local district procedures for TA recipients assigned to job search are the same as outlined above for applicants.

Section 3.5 Job Development

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

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

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

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.

Click here and type the description

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:

Madison County DSS has over the years developed strong working relationships with providers of appropriate education or jobs skills services for individuals whose assessment indicates that such services would be an appropriate work activity assignment. Those strong working relationships are maintained through periodic meetings between responsible DSS staff and provider agency staff which serve to facilitate information sharing regarding needs and available programs and services and coordination with regard to participants and potential participants engaged in these programs. The local district has a contract with Madison Oneida BOCES which provides for job readiness/job club services. Madison Oneida BOCES also provides Adult Basic

Education and GED preparation as does the SUNY Morrisville BRIDGE program. Persons with limited English proficiency are referred to the Oneida Access Site (BOCES) or the Literacy Volunteers at the Oneida Public Library.

- 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:

The district identifies and provides appropriate Vocational Education and Job Skills programs in the same fashion as outlined in Section 3.6a. above. Madison Oneida BOCES and the SUNY Morrisville BRIDGE program are the primary providers of these training programs.

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

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

In order to increase the number of participants engaged in vocational education and job skills training programs, the district plans to work more closely with the local WIA, Madison Oneida BOCES and the SUNY Morrisville BRIDGE program to identify programs in which to place appropriate participants. The district has an excellent working relationship with these providers and with their assistance it is anticipated that our State identified goal of having five participants engaged in vocational education or job skills training by January, 2009 will be achieved. A job placement strategy will be established for all individuals participating in these programs.

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

Providers must be accredited by the New York State Department of Education or other state and/or federally recognized certifying agency. They must demonstrate a history of serving the educational needs of the community as it relates to providing education and/or training that leads to a job placement.

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

The employment worker makes customers aware of training providers that are available during the completion of the assessment. Customers are to submit training/education providers to the LDSS for approval. The LDSS will verify with the certifying agency (NYS Department of Education) whether the training/education agency has approval. The LDSS will notify recipients of that determination within ten (10) days of notification.

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

Recipients who wish to be assigned to education/training activities must demonstrate their ability to successfully complete the program. The program must have a demonstrable outcome in a field of employment that offers immediate job placement upon completion. Customers must participate in pre-placement testing as assigned by the LDSS to assist in determining the appropriateness of the education/training request. Customers must have no prior work history in a field that offers access to employment opportunities or existing education/training in a field that offers employment opportunities.

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

Recipients requesting education/training approval must complete an Employment Plan with the LDSS Employment Services unit. The LDSS has seven (7) days to notify the customer, in writing, of the agency's approval/rejection of the requested program.

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

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

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

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

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

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

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

[] 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:

Satisfactory school attendance is determined by the local district standard. Any customer in an approved education/training program must submit grades and attendance within ten (10) days of any LDSS request. School enrollment and attendance are verified 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:

Written notification of the individual's work limitations will be provided to the provider of the activity and appropriate accommodations will be provided. In the event of a dispute regarding health-related limitations for the individual, a resolution will be sought through consultation with an IME.

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):

Madison County will perform a review of all cases per quarter for paid work activities. Both the temporary assistance and employment case files will be reviewed. Hours of employment will be verified through receipt of pay stubs, employer verification forms, and direct phone contact with the employer documented in case notes. The review will ensure the hours of employment on the ABEL budget are consistent with the hours reported on WTCMS and documentation is in the file to support hours reported on WTCMS and that the scheduled hours on WTCMS is consistent with the documentation.

Madison County will perform a review of a random sample of 20 cases per quarter for participation in unpaid work activities. The employment case files will be reviewed. Actual hours of attendance will be documented by attendance sheets showing actual hours of attendance, any excused absences during the month, any unexcused absences during the month, and holiday time. The review will ensure the actual hours of attendance reported on the monthly attendance sheets has been correctly reported on WTCMS, excused absences and holiday time are documented in the case file and correctly reported on WTCMS in accordance with federal limitations, and that documentation of actual hours of attendance is accurate and matches the hours of participation reported on WTCMS by district or provider staff.

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

Madison County will perform a review of all cases per quarter in which a case member is reported as an employability code 31-caretaker of a child under the age of 12 months. The

temporary assistance case file will be reviewed to ensure there is a birth certificate present to verify the child under the age of one.

Madison County will perform a review of a random sample of 10 cases per quarter in which a case member is reported to be incapacitated to determine if she/he remains incapacitated or is now a work eligible person. The temporary assistance case file will be reviewed to ensure there is presence of medical documentation to support the exemption and that the documentation has a timeframe for the exemption.

A summary report will be submitted to Kathy Nagy at kathleen.nagy@otda.state.ny.us after each quarterly review is completed.

Madison County will verify that work activities that recipients are required to participate in and reported for work eligible individuals meet the federal definition for the activity.

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):

N/A- Providers do not collect documentation or conduct data entry.

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

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

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

The district's procedure for determining if a disabled individual has the potential to be restored to self-sufficiency is as follows: The respective documentation providing for disclosure will be signed by the individual. The unit supervisor will review the medical documentation as required (DSS4526) or any pertinent documentation as provided by the individual's treating

health care practitioner that indicates a long term disability. In evaluating the individual's claim of a physical or mental impairment, the district shall have sole discretion in determining whether any documentation provided by the individual or individual's practitioner is sufficient evidence of the claimed or declared impairment. If the prognosis is that of long-term disability, the district may refer the individual to an independent medical examiner (IME) certified by the New York State Office of Disability Determinations for a determination of the individual's medical condition. Based upon the individual's practitioner and any other related medical documentation including information from the district's IME, the employment worker and supervisor will determine an appropriate course of action to restore the individual to self-sufficiency.

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

Based on the medical statement, the individual will be referred to an appropriate treatment provider for rehabilitation. The district will request the treatment plan and monitor the individual's compliance and progress through a quarterly progress report or, if necessary, a more timely progress report. The individual's participation in rehabilitative treatment shall be considered a countable activity. Monthly attendance at rehabilitation will be verified with the provider.

- 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.:

If the individual is found to be permanently and totally disabled, then the course of action will be to require the individual to apply for SSI/SSD in order to be restored to self-sufficiency. Participants' compliance in treatment plans will be tracked in the following manner: The district will monitor the progress of the individual by requiring he or she to report bi-weekly to the agency for a case review. Monthly attendance at rehabilitation will be verified with the provider.

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.

Appropriate district staff meet monthly to review and discuss cases in order to identify barriers which prevent individuals from fully participating in work activities. These monthly meetings provide an opportunity to evaluate and identify appropriate supportive services which may be needed to address whatever issues are preventing an individual from participating in and attending assigned activities.

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:

[Click here and type the procedure](#)

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

[Click here and type the procedure](#)

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

The district provides intensive case services to participants who are noncompliant with work activities. Prior to imposing a sanction, a home visit will be made to any recipient who is subject to penalty for noncompliance with work activities. The home visit will serve to:

- Provide the opportunity to thoroughly assess and investigate the reasons for the noncompliance, including the family's barriers to self-sufficiency;
- Identify appropriate services to assist them to comply;
- Provide information to clarify the reasons for sanctions, the impact of the sanction on the family grant and the methods for curing the sanction.

As a follow-up to the home visits, the participant, whether sanctioned or not, will be scheduled the meet with the worker at the DSS office twice monthly to pick up their benefit check, and receive information on community based services that may help to address the family's needs and help to bring the family into compliance or to maintain compliance. These scheduled office visits also serve to provide the DSS worker an opportunity to monitor compliance. The participants will also meet with the Jobs program staff person located at DSS for employment referrals during these scheduled office visits.

Section 3.11 Diversion Strategies

District has no specific diversion strategies.

District's diversion strategies are described below:

In an effort to divert applicants from needing/applying for continued assistance, the district provides supportive services as a diversion. The criteria for providing these services is that these services would allow or enable the individual to remain employed or obtain employment, thus averting the need for temporary assistance. In these instances, the district verifies the employment or promise of employment to ensure that the diversion is genuine. More often than not the diversion involves car repairs, transportation expenses, appropriate clothing, etc.

Section 4 Support Services (Reference 18 NYCRR 385.4)

Section 4.1 For Temporary Assistance Applicants and Recipients in Work Activities

- a. The social services district will provide childcare in accordance with the childcare section of the district's Child and Family County Services Plan. The district will also provide to participants the following expenses which the district deems necessary for the individual to participate in orientation, assessment, employment planning, work activities and activities to restore self-sufficiency: Transportation- The least expensive form of transportation that is available will be reimbursed to customers on a monthly basis after the completion of activity requirements. The LDSS will reimburse actual expenses up to a maximum of the IRS mileage rate. Customers will be provided with bus tokens to participate in LDSS assigned activities for those able to access the public transportation system.

Additionally, the LDSS will provide housing relocation assistance for customers who are not able to access personal or public transportation. It has been this LDSS's experience that customers who are not able to access transportation to DSS activities, are not able to access transportation to employment. Therefore, with the exception of customers who own their own homes, a move from remote areas of the county will be needed to ensure attachment to the job market.

It is the LDSS prerogative to require customers to utilize the least expensive option(s) that eliminate barriers to participation or accepting employment. Customers will be required to submit to the LDSS a minimum of one (1) and a maximum of three (3) written estimates before the reimbursement will be provided.

- b. The district will use the following approach to assist those participants who need transportation to and from a work activity site (including any applicable mileage reimbursement rate and the method used by the district to arrive at that reimbursement rate): The LDSS utilizes the Madison County public bus transit service (operated by First Transit, Inc.) and allows for reimbursement of expenses for use of personal vehicles when pre-approved by the LDSS. The least expensive form of transportation that is available will be reimbursed to customers on a monthly basis after the completion of activity requirements.

The LDSS will reimburse transportation costs up to a maximum of the IRS mileage rate. Customers will be provided with bus tokens to participate in LDSS assigned activities for those able to access the public transportation system.

The LDSS will reimburse customers the exact cost of necessary transportation on a monthly basis for actual days of attendance at assigned activities based upon receipt of monthly attendance sheets. Requests for mileage reimbursement must be submitted in

writing. Bus tokens (free passes) may be issued in limited cases to customers who lack the necessary financial resources to access the bus route.

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

In instances where individuals reside in an area where public transportation is not available and the customer has no means to travel to a work activity, the LDSS will attempt to develop a work activity assignment within travel distance. The LDSS will require customers, who are physically able, to walk up to two (2) miles when they are within that distance of the assigned work activity from their residence or from the nearest Madison County transit bus stop. The LDSS standard is two (2) miles or as defined by the local school board, whichever is less.

- 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: The LDSS Employment services unit provides case management for all employment related activities and post employment follow-up. Additional case management is provided by Liberty Resources, Inc. through FFFS funding as specified in the contract between the LDSS and Liberty Resources, Inc.

Madison County provides an on-site child care referral and information specialist who is employed by the Madison-Herkimer child care resource and referral agency (Mid-York Child Care Coordinating Council). The services provided include enhanced child care referrals (including the name, address, and availability of three (3) providers), the assistance in becoming a licensed provider and assistance for families that use a legally exempt provider in assuring a healthy, safe environment.

Madison County provides for an on-site Domestic Violence liaison to assist applicants and recipients in overcoming issues related to violence in their homes. Services include referrals to advocates for safety planning, Family Court orders and advice and recommendations for work activities.

- 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):

Persons with limited English proficiency are referred to the Oneida Access Site (BOCES) or the Literacy Volunteers at the Oneida library. While Madison county rarely encounters

non-English speaking participants in accessing employment activities and services, we accommodate their needs by requesting an interpreter through the Mohawk Valley Resource Center for Refugees.

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

Section 4.2 Transitional Supportive Services

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

In addition to the mandated transitional programs (food stamps, Medicaid, child care, etc.), The LDSS will provide job retention case management services for ninety (90) days following the case closing.

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

Same as above.

Section 4.3 Extended Supportive Services

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

- Housing/Credit services- The Madison County Community Action Program (CAP) provides services to 200% eligible families who are at risk of being homeless. Services include payment for security deposits, first month rent, moving expenses, or payments to repair customer owned housing. Additionally, families can access credit counseling services to help manage their debts. Often families leaving temporary assistance are burdened with enormous debt load. The program offers solutions to this debt and for families that meet eligibility criteria the program offers repayment of the debt owed to the LDSS.

- Drug/Alcohol Case Management- Liberty Resources, Inc., a non-profit organization, provides for on-site drug and alcohol evaluations and follow-up case management services for individuals and families who are struggling to overcome their addictions. These services include a quick reattachment to employment, therapy and employment cooperatively, and returning customers who are in treatment outside of the LDSS back to the community for services.

- Direct Transportation Services to Assist Eligible Individuals Obtain or Maintain Employment- Community Action Program of Madison County (CAP) provides direct client

disbursements to include the cost of vehicle repairs, maintenance, purchase, rental, gas vouchers, and driving lessons to eligible families to maintain, or obtain employment.

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 LDSS will provide customers with grants for expenses related to vehicle maintenance essential to attain or maintain work activities, when pre-approved by the LDSS, within the following guidelines:

- Auto repairs not to exceed \$1,200 or the NADA book value for the vehicle
- Auto insurance or registration fees not to exceed \$850

The district will also reimburse actual expenses up to a maximum of the IRS mileage rate for individuals who are assigned to FSET activities.

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

- Work Activity Required Clothing not to exceed \$500 for each activity assigned or entry into employment
- Other items of need not to exceed \$500 for all other items not stipulated herein, that are required for the customer to attain/maintain their work activity.

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:

Temporary Assistance customers who failed or refused to comply with Welfare-to-Work activity assignments are issued a Conciliation Notification which allows for ten (10) days for Family Assistance recipients and Safety Net recipients are allowed seven (7) days to respond to set a conciliation meeting at the agency. Conciliation meetings must be scheduled and held within thirty (30) days for the Family Assistance recipients and within fourteen (14) days for Safety Net recipients of the customer's contacting the LDSS unless otherwise arranged by/with the LDSS. Customers will be advised at the time the meeting is set that at this meeting they will be required to show good cause, including providing documentation, why they were not in compliance with the requirements of the activity. The conciliation meeting will consist of the customer, an Employment unit representative, and a supervisory level LDSS staff person who is not directly responsible for the customer's benefits. In addition, the customer will be provided with the opportunity to discuss their noncompliance with a Domestic Violence Advocate to ensure that issues of family violence were not the direct cause of the noncompliance. If in the LDSS's judgement, the customer fails to show good cause or fails to respond to the Conciliation Notice within the prescribed time limits, a sanction of the case and/or individual will be imposed. The LDSS has seven (7) days to arrive at a determination and inform the customer, in writing, of the agency's determination after a conciliation meeting. When a customer fails to show good cause, and a sanction is imposed, the agency will issue a ten (10) day notice of intent to deny, close, or reduce benefits. If the customer is in disagreement with the agency's determination, a Fair Hearing may be requested as advised on the intent notice.

The good cause/willfulness determination is made by:

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

[\(Click here and type the process\)](#)

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:

Those individuals who wish to end their employment sanction will be added back to the case and have their sanction lifted as soon as they have demonstrated compliance. Demonstrated compliance shall mean that the client, as required by the district, reports to an assigned work activity on time and prepared to engage in the assigned activity.

Section 5.3 Dispute Resolution

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

The grievance is mediated by:

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

Section 5.4 Food Stamps Good Cause Determination

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

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

[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.

At application, customers will complete the medical portion of the employment assessment form. Based on an interview with the individual and any information provided by the customer, a member of the Employment unit will determine if a possible disability/limitation exists. If it is determined at assessment that there is a possible disability/limitation, the LDSS will require medical documentation from the customer to verify any claim(s). The customer has ten (10) days to provide this verification to the LDSS. All customers will be provided with the LDSS 4005 or

LDSS 4005(a), whichever is appropriate. This document will provide the customer with notification regarding their work capability status. A customer could be found “fully employable without exemptions,” “work limited-with exemptions but the work activity does not conflict with the documented disability/limitation(s), or “not employable- the disability/limitation(s) are to the point that most activities are contraindicated. Customers with partial or full limitations will still be required, consistent with the verified medical limitation and/or treatment plan, to continue to be engaged in work activities. Based on the customer’s current disability, there exists the potential to be restored to self-sufficiency. Examples of self-sufficiency activities could include LDSS approved community service, involvement in medical/drug/alcohol treatment known to the LDSS, SSI/SSD application appeal known to the LDSS, independent medical exams assigned by the LDSS, psychological counseling known to the LDSS and prescribed by a mental health professional, and/or LDSS approved education/training as outlined in this Plan. If the LDSS is unable to make a determination based on an interview with a customer or from the verification provided by the customer or the customer refutes the LDSS’s determination, the agency can make a referral to a health care provider certified by the Office of Disability Determinations (ODD) for an independent medical examination (IME). Customers claiming disabilities/limitations may submit their own medical documentation to the provider certified by the ODD for consideration. Any documentation available from the customer’s practitioner must be submitted to the IME provider no later than four (4) days after the examination. The results of the IME will be used by the LDSS staff as the basis for work activity assignments. Customers who are verified as having disabilities/limitations must work with the LDSS staff to access education/training/rehabilitation necessary to remove or reduce the disability or limitation. They must provide medical documentation for determining the individual’s ability to recover and accept medical care to assist in recovery. Customers will be required to accept referrals to and enrollment in a treatment or rehabilitation program and provide evidence of participation in the assigned program. Customers must also work with LDSS staff to apply for SSI or SSD benefits, comply with all requirements of the application process, and exhaust all possible appeals in the process.

At the point of placing a customer with a documented limitation(s) on a worksite, the LDSS will send notice to the cooperating agency of the scope of limitations. A representative of the cooperating worksite and the agency’s Employment unit supervisor, (IM Director) must sign a statement acknowledging the limitation(s) and assuring that the work assigned will not exceed the specified limitation(s). On a quarterly basis, the cooperating agencies will be required to reaffirm their knowledge of the limitation(s) and assure that limitations have not been exceeded in a written statement to the LDSS. These statements will be kept in the customer’s employment file kept at the LDSS.

Customers who meet one or more of the following categories will be exempt from work activities:

- Sixty years of age or older;
- Pregnant and within thirty (30) days of a medically verified delivery date; or
- The single parent or caretaker relative of a child under age one for a lifetime maximum of twelve (12) months.

It is important to note that the LDSS does not provide, generally, the full twelve (12) month exemption at any one time for customers who are the single parent or caretaker relative of a child under age one. Because this exemption can only be given for a lifetime maximum of twelve (12) months, the LDSS:

- Offers this exemption for a lesser duration, generally three (3) months or less;
- May extend the exemption based on case-by-case circumstances up to the twelve (12) month lifetime maximum.

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:

Please refer to the above description of the process as outlined in Section 6 of this Plan. Ultimately, based on all of the available medical documentation, the Employment worker determines the status.

ATTACHMENTS

Legal Notice of 30-Day Public Comment Period

DSS Organizational Chart

Assessment of Self-Sufficiency (MCDSS 464)

Employability Plan (WWTWCMS)

Assessment Summary (WWTWCMS)

CLASSIFIED ADS: 315-363-5100

SATURDAY, DECEMBER 15, 2007 13

LEGAL NOTICE

Notice is hereby given for the Madison County Department of Social Services District that the 2008-2009 Temporary Assistance/Food Stamps Employment Plan is available for public review and comment. Please contact Deputy Commissioner Stephen A. Garneau at (315)366-2248 to make an appointment to review this document at the Madison County Department of Social Services, North Court Street, Wampsville, New York 13163. The public comment period will commence with publication of this notice and end 30 calendar days later.



Phone: (315) 366-2211 **Madison County**
Department of Social Services Fax (315) 366-2720
Michael A. Fitzgerald, Commissioner
Madison County Complex, Building 1
North Court Street
PO Box 637
Wampsville, New York 13163

ASSESSMENT OF SELF-SUFFICIENCY POTENTIAL

NAME: _____ DATE: _____
ADDRESS: _____ S.S.#: _____
_____ CIN: _____
D.O.B.: _____ CASE#: _____
PHONE: _____

I UNDERSTAND THAT AS AN APPLICANT/RECIPIENT OF PUBLIC ASSISTANCE, I MUST PROVIDE ACCURATE AND COMPLETE INFORMATION ABOUT MY CONDITION(S). IN ADDITION, I UNDERSTAND THAT UNDER NYCRR 1300.2(D)(8) THE SOCIAL SERVICES DISTRICT HAS THE AUTHORITY TO SANCTION ME IF I MAKE A FALSE CLAIM OF DISABILITY OR INTENTIONALLY MISREPRESENT MY MEDICAL CONDITION. I MAY ALSO BE ASKED TO DOCUMENT ANY STATEMENTS MADE IN THE FOLLOWING "ASSESSMENT OF SELF-SUFFICIENCY POTENTIAL" EVALUATION.

I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE: _____ DATE: _____

WORK HISTORY

Begin with your most recent job and work back--

Company Name _____ Type of Business _____

Address _____ Your Job/Title _____

Hours per Week Worked _____ Earnings per Week _____

Dates of Employment From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___

Name of Supervisor _____ Reason for Leaving _____

Describe the work you performed _____

Company Name _____ Type of Business _____

Address _____ Your Job/Title _____

Hours per Week Worked _____ Earnings per Week _____

Dates of Employment From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___

Name of Supervisor _____ Reason for Leaving _____

Describe the work you performed _____

Company Name _____ Type of Business _____

Address _____ Your Job/Title _____

Hours per Week Worked _____ Earnings per Week _____

Dates of Employment From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___

Name of Supervisor _____ Reason for Leaving _____

Describe the work you performed _____

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? ? YES ? NO

Impairment Date of onset Treating Physician Frequency/Last visit Medication(s)

ARE THERE ANY SIDE EFFECTS TO YOUR CURRENT MEDICATION? ? YES ? NO

Explain: _____

HOW DO THESE PHYSICAL CONDITIONS PREVENT YOU FROM WORKING?

WHICH CONDITIONS ARE IMPROVING? _____

WHICH CONDITIONS ARE GETTING WORSE? _____

DO YOU HAVE ANY PSYCHIATRIC OR PSYCHOLOGICAL IMPAIRMENTS SUCH AS DEPRESSION, ANXIETY, LEARNING DISABILITIES, etc.? ? YES ? NO

Impairment Date of onset Treating Physician Frequency/Last visit Medication(s)

ARE THERE ANY SIDE EFFECTS TO YOUR CURRENT MEDICATION? ? YES ? NO

Explain: _____

HOW DO THESE MENTAL IMPAIRMENTS PREVENT YOU FROM WORKING?

WHICH CONDITIONS ARE IMPROVING? _____

WHICH CONDITIONS ARE GETTING WORSE? _____

HAVE YOU EVER HAD A DRUG OR ALCOHOL ABUSE PROBLEM? ?YES ?NO

("YES", Client must complete Alcohol/Substance Abuse Screening Instrument)

SUBSTANCE DURATION TREATING SOURCE DATE(S) OF TREATMENT
(Include inpatient hospitalizations)

CURRENT TREATMENT: ? Individual ? Group ? Inpatient ? Intensive Outpatient

Name and address of treating source(s): _____

CURRENT TREATMENT SCHEDULE:

Mon. ___ am/pm to ___ am/pm Tues ___ am/pm to ___ am/pm

Wed. ___ am/pm to ___ am/pm Thur ___ am/pm to ___ am/pm

Fri. ___ am/pm to ___ am/pm Sat ___ am/pm to ___ am/pm

DO THE SUBSTANCE ADDICTIONS INTERFERE WITH YOU WORKING? ?YES ?NO

If "YES", explain: _____

If "NO", explain: _____

DO YOU ATTEND AA MEETINGS? ?YES: Frequency _____ ?NO

DO YOU ATTEND NA MEETINGS? ?YES: Frequency _____ ?NO

CHILD CARE:

Is child Care Available? Yes___ No___

Are two parents/guardians in household? Yes___ No___

___ Referred for Child Care

___ In receipt of Child Care

___ Child Care unavailable

___ Child Care not required

WHAT IS YOUR MEANS OF TRANSPORTATION?

DO YOU HAVE A VALID DRIVERS LICENSE? ?YES ?NO

DO YOU USE PUBLIC TRANSPORTATION? ?YES ?NO

If "NO", explain? _____

FAMILY PROBLEMS? ?YES ?NO

If "YES", explain: _____

LEGAL PROBLEMS? ?YES ?NO

If "YES", explain: _____

Have you been convicted of a crime? Yes___ No___, If "YES", what Crime (s) were you convicted of? _____

ARE YOU CURRENTLY ON PAROLE? ?YES ?NO

ARE YOU CURRENTLY ON PROBATION? ?YES ?NO

NAME AND TEL. NO. OF PAROLE/PROBATION OFFICER: _____

REPORTING SCHEDULE: _____

DO YOU CURRENTLY HAVE ANY PENDING LAWSUITS OR DISABILITY CLAIMS SUCH AS WORKMEN'S COMPENSATION, SOCIAL SECURITY DISABILTY/SSI, MALPRACTICE OR NEGLIGENCE CASES? ?YES ?NO

ATTORNEY NAME AND ADDRESS _____

EDUCATION: (Circle last year of school completed)

Grammar	High School	College	Type Degree/Diploma
1 2 3 4 5 6 7 8	9 10 11 12 GED	1 2 3 4	_____

Are you in a training or education program now? Yes ___ No ___

If "Yes", Where _____ Major _____ Start Date _____

Did you finish Tech/Voc School? Yes ___ No __, If "Yes", what type

Skills/licenses/certificates do you have? _____

ARE YOU ENROLLED IN VESID? ?YES ?NO

VESID COUNSELOR'S NAME AND TEL. NO.: _____

If "YES", indicate what type, duration and location of training:

OTHER TRAINING OR EDUCATIONAL ACTIVITIES: Indicate what type,

Duration and location of training: _____

WHAT WAS THE BEST JOB YOU EVER HAD? _____

WHY? _____

WHAT WAS THE WORST JOB YOU EVER HAD? _____

WHY? _____

WHAT TYPE OF WORK WOULD YOU LIKE TO DO NOW? _____

WHAT ARE THE FOUR MOST IMPORTANT THINGS THAT YOU NEED TO HAVE

HAPPEN BEFORE YOU CAN WORK? LIST IN ORDER OF IMPORTANCE:

(1) _____

(2) _____

(3) _____

(4) _____

BY SIGNING THIS "ASSESSMENT OF SELF-SUFFICIENCY POTENTIAL" FORM,
I ATTEST THAT THE INFORMATION I PROVIDED IS ACCURATE AND COMPLETE
TO THE BEST OF MY KNOWLEDGE.

CLIENT SIGNATURE: _____ DATE: _____

WORKER SIGNATURE: _____ DATE: _____

WORKER OBSERVATIONS: _____

NAME	SSN	DOB	CIN/APP REG	DISTRICT	FOLDER STATUS: ACTIVE	ACTIVATION DATE: 2/18/2006
		11/29/1954	CC03837Y	MADI	Assign Status: Assigned Off: Unit: User: P Helntz	
Case Num: PA37436	Case Type: SNCA-IND	Parents 1T	Case Status: AC	Ind. Status: AC	Folder Clockdown Date:	WMS Clockdown Date:

EMPLOYABILITY PLAN

PLAN STATUS: COMPLETED
Completion Date: 02/21/2007

Last Update Date: 02/21/2007

EMPLOYABILITY INDICATORS			
Emp PA/FS Code (WMS): (41) Temporary Illness or Incapacity (1-3 Month Exemption)/Exempt			
Emp FS Status (WTW): FS Exempt - Barriers to Employment			
Additional PA Employability Indicator(s) (WTW):			
<input type="checkbox"/> (16) WORK-LIM	<input type="checkbox"/> (17) TEEN-HOH	<input type="checkbox"/> (20) NONEXMPT	<input type="checkbox"/> (24) PREG-9MO
<input type="checkbox"/> (27) EMPLOYED	<input type="checkbox"/> (29) SP-CH-U8	<input type="checkbox"/> (30) CHD-U-16	<input type="checkbox"/> (31) CT-CH-U1
<input type="checkbox"/> (32) AGED	<input type="checkbox"/> (34) CT-CH-NPA	<input type="checkbox"/> (35) CH-16-18	<input type="checkbox"/> (36) INCAP
<input type="checkbox"/> (38) ND-HM-EX	<input type="checkbox"/> (40) NDHM-NEX	<input checked="" type="checkbox"/> (41) TM-IL-3M	<input type="checkbox"/> (42) TM-IL-6M
<input type="checkbox"/> (43) INCP-SSI	<input type="checkbox"/> (44) REC-SSI	<input type="checkbox"/> (45) WKRL E	<input type="checkbox"/> (46) WKRLNE
<input type="checkbox"/> (47) IN-TL-M6	<input type="checkbox"/> (48) IN-CH-TL	<input type="checkbox"/> (49) IN-TL-L6	<input type="checkbox"/> (63) SUBAB-EX
<input type="checkbox"/> (64) SUBAB-NE	<input type="checkbox"/> (70) CON-EMPL	<input type="checkbox"/> (73) OVESID	<input type="checkbox"/> (77) PA-N-FS-E
<input type="checkbox"/> (78) PAFS-NE			

CLIENT GOALS AND EMPLOYMENT/TRAINING PREFERENCES
<p>SHORT TERM GOALS: FOLLOW ALL DOCTORS RECOMMENDATIONS. APPLY FOR SSI/SSD</p> <p>LONG TERM GOALS: FEEL BETTER AND RECEIVE SSI/SSD.</p> <p>JOB PREFERENCE(S): UNKNOWN</p> <p>EMPLOYMENT/TRAINING PREFERENCE(S): NONE</p> <p>Can Client's Preferences Be Accommodated? YES</p> <p>Comment On Challenges/Barriers To Client's Attainment of Goals:</p> <p>Were Client's Goals Attained? Date Goals Attained:</p>

PLANNED CLIENT ACTIVITY		
Assignment	Planned Start Date	Planned End Date
THERE ARE NO PLANNED ACTIVITIES FOR THIS CLIENT		

ACTUAL CLIENT ACTIVITY	
Assignment	Activity Start Date
Treatment Plan Other than Substance Abuse-Other	02/01/2007
Comments Regarding Actual Activity:	

CHILD CARE SERVICES
Is Client In Need of Child Care Services? NO Reason Child Care Is Not Needed: Child Care Not Required
Is District Providing Child Care Services?
If Client Has Been Unable to Secure Needed Child Care In Order to Participate in Required Activities, Then Has The Client Satisfactorily Tried to Arrange Needed Child Care?
Comments Regarding Child Care Needed By the Client:
Comments Regarding The Status Of Child Care Services Provided By the District:

WORK/TRAINING RELATED (INCLUDING TRANSPORTATION) SERVICES				
Is Client In Need of Work/Training Related Supportive Services? NO				
Comments Regarding Work/Training Related Supportive Services Needed By The Client:				
Comments Regarding Work/Training Related Services Provided By the District:				
WORK/TRAINING RELATED REFERRAL FEEDBACK RESULTS				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Supportive Service/Specific Item</th> <th style="width: 50%;">Details</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">THERE ARE NO WORK/TRAINING RELATED FEEDBACK RESULTS FOR THIS CLIENT</td> </tr> </tbody> </table>	Supportive Service/Specific Item	Details	THERE ARE NO WORK/TRAINING RELATED FEEDBACK RESULTS FOR THIS CLIENT	
Supportive Service/Specific Item	Details			
THERE ARE NO WORK/TRAINING RELATED FEEDBACK RESULTS FOR THIS CLIENT				

OTHER SERVICES NEEDED BY THE CLIENT
Is Client In Need of Other Supportive Services? NO
Comments Regarding Other Supportive Services Needed By the Client:
Comments Regarding Other Services Provided By the District:

DISCLAIMER

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

Client Signature: _____

Date: _____

Worker Signature: _____

Date: _____

NAME	SSN	DOB	CIN/APP REG	DISTRICT	FOLDER STATUS: ACTIVE	ACTIVATION DATE: 2/18/2006
		11/29/1954	CC03837Y	MADI	Assign Status: Assigned Off: Unit: User: P Heintz	
Case Num: PA37436	Case Type: SNCA- IND	Parents 1T	Case Status: AC	Ind. Status: AC	Folder Clockdown Date:	WMS Clockdown Date:

Assessment Summary

Due Date: 01/21/2008

ReAssessment Date:

Assessment Date:

Completion Date:

Last Update Date: 02/22/2007

Last Update Name: Heintz, Pamela

CLIENT DEMOGRAPHICS		
Emp PA/FS Code (WMS): (41) Temporary Illness or Incapacity (1-3 Month Exemption)/Exempt		
Employment FS Status (WTW): FS Exempt - Barriers to Employment		
Additional PA Employability Indicator(s) (WTW): (41) TM-IL-3M		
Citizenship: Citizen	Race/Ethnicity: White	Highest Degree: No Degr
Sex: Female NCP:	Highest Grade: 12	Alien Reg Number:
Marital Status: SNGL	Vet Status: NON-VET	

PROFICIENCY LEVELS IN MATH AND LITERACY: (From Education Section of the Evaluation)

Subject	Proficiency Level	Test Date
MATH	0	
LITERACY	0	

EDUCATIONAL LEVEL INCLUDING LITERACY AND ENGLISH LANGUAGE PROFICIENCY:

ged

OCCUPATIONAL SKILLS TESTING RESULTS: (From Employment Section of the Evaluation)

Test Name	Completion Date	Result
THERE ARE NO OCCUPATIONAL TESTING RESULTS FOR THIS CLIENT		

BASIC SKILLS PROFICIENCY:

SKILLS AND PRIOR WORK EXPERIENCE:

factory work; store clerk

TRAINING AND VOCATIONAL INTEREST:

go to school and learn a trade

FAMILY CIRCUMSTANCES INCLUDING SPECIAL NEEDS OF CHILDREN:

none

SUPPORTIVE SERVICES AND CHILD CARE NEEDS:

none

MEDICAL NEEDS/LIMITATIONS: (From Health Review Section of the Evaluation)

Medical Limitation Option: Yes, client is medically unable to participate in employment program activities for a period indicated in the date line below. Please see accompanying documentation for details. FROM: 8/1/2007 TO: 1/31/2008

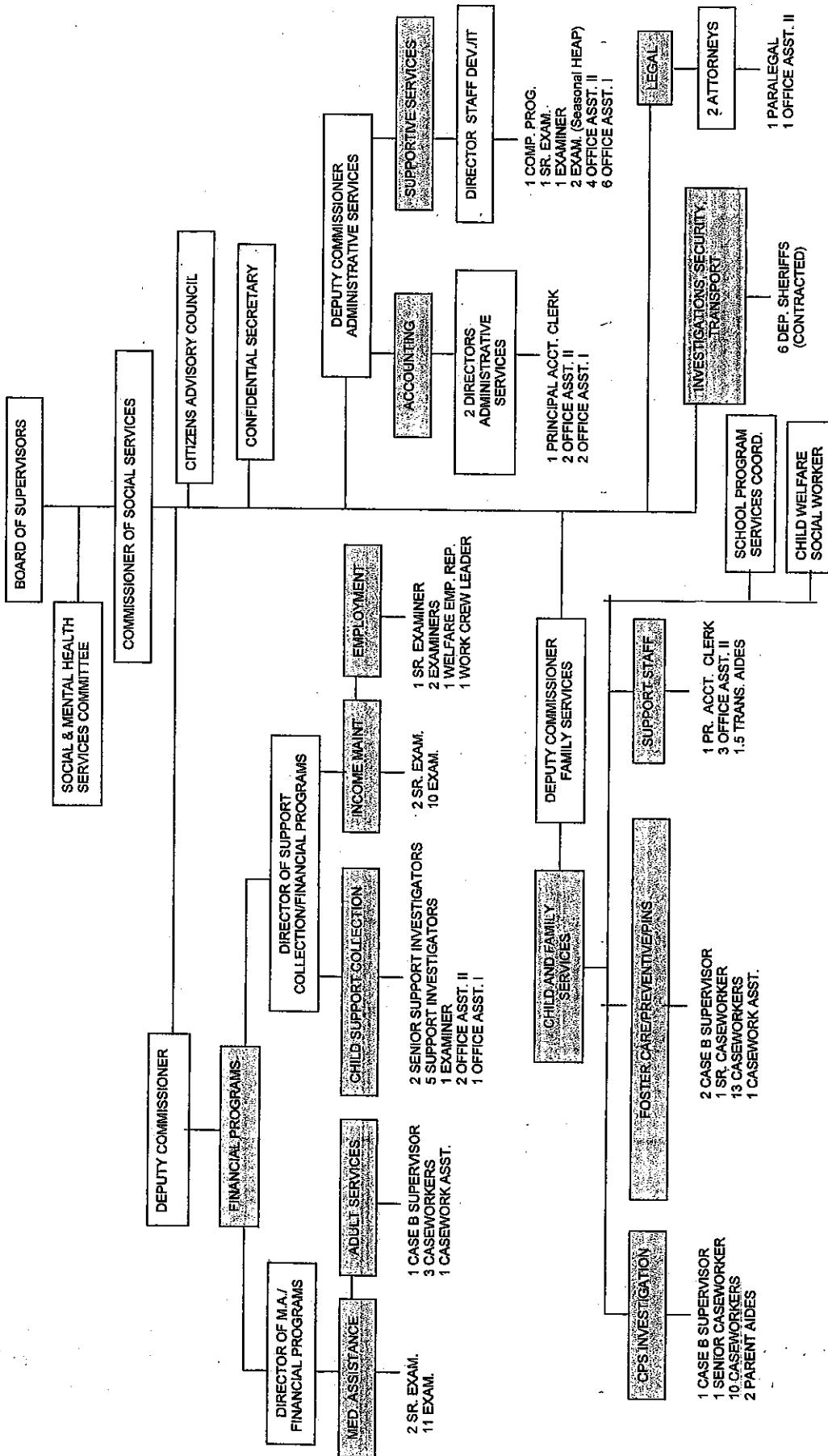
Description of Medical Limitation: PHYSICAL AND MENTAL FUNCTIONS VERY LIMITED

WTW INITIATIVES:

<p>CLIENT EVALUATION</p> <p>-- Required Sections --</p> <p><u>Assessment Summary</u> Due: 01/21/2008 Completed: ReAssess: Assessed:</p> <p><u>Employability Plan</u> Completed: 02/21/2007 Pended: Status: COMPLETED</p> <p>-- Optional Sections --</p> <p><u>Child Care</u> <u>Education</u> <u>Employment</u> <u>Family Composition</u> <u>Health Review</u> <u>Military</u> <u>Offender Status</u> <u>Transportation</u></p>	<p>Assessment Summary Employability Plan</p> <hr/> <p>PLAN STATUS: COMPLETED</p> <p>Completion Date: 02/21/2007 Last Update Date: 02/21/2007</p> <p>Information That is Required in Order To COMPLETE THE PLAN is Indicated With Red Labels</p> <hr/> <p>Minimum Number of Weekly Hours Required for Participation for Case PA37436: Maximum Number of Weekly Hours Available for Work Experience Assignment for Case PA37436: 12 h PA Budget Date Range: 11/01/2007 - 05/31/2008 FS Budget Date Range: 11/01/2007 - 05/31/2008</p> <hr/> <p style="text-align: center;">EMPLOYABILITY INDICATORS</p> <hr/> <p>Emp PA/FS Code (WMS): (41) Temporary Illness or Incapacity (1-3 Month Exemption)/Exempt</p> <p>Emp FS Status (WTW): FS Exempt - Barriers to Employment <input checked="" type="checkbox"/></p> <p>Additional PA Employability Indicator(s) (WTW): (Select Up to Four Codes From the List Below)</p> <hr/> <p style="text-align: left;">Noncompliance</p> <div style="text-align: right;"> <input type="button" value="Save"/> <input type="button" value="Reset"/> </div>
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MADISON COUNTY DEPARTMENT OF SOCIAL SERVICES
 ORGANIZATIONAL CHART OCTOBER 2007



Total Department of Social Services Staff 118.5

