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STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
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OFFICIAL

E-mailed: 11/26/08 (be)

Bureau of Workforce Transformation (BWT)
Policy Issuance (PI): 08-21

Date: November 26, 2008

To: Michigan Works! Agency (MWA) Directors

From: Liza Estlund Olson, Director, Bureau of Workforce Transformation
(SIGNED)

Subject: Jobs, Education, and Training (JET) Program Temporary Assistance for
Needy Families (TANF) Participation Data Verification Process

**Programs
Affected:** JET

References: Reauthorization of the TANF Program; Final Rule, 45 CFR Parts 261, 262,
263, and 265

Rescissions: PI 06-19 and Changes

Background: Enabling workers to acquire the skills necessary to succeed in today's 21st
Century knowledge economy is central to Michigan's strategy for economic
transformation and is the foundation for the Governor's No Worker Left
Behind (NWLB) initiative. The NWLB initiative aligns all federal workforce
dollars used for worker training into a unified workforce development
strategy.

The Department of Human Services (DHS) Office of Quality Assurance, Data
Collecting and Reporting unit conducts data verifications of JET participant
files/records to measure the TANF Work Participation Rate. Through a
Stratified Simple Random Sampling process, the DHS will identify and select
JET cases for review.

Policy: Each month, the BWT will contact the MWAs via electronic mail identifying
the participant case files selected for review. The MWAs are required to
submit selected participant case files to the BWT. MWAs will be granted five

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

BUREAU OF WORKFORCE TRANSFORMATION
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working days to mail hard copies of requested case files to the BWT. Selected case files will be identified by MWA, county or district, participant identification number, participant name, and week ending dates. Submitted participant files must contain all documentation, case notes, and any other relevant materials, etc., verifying actual hours of participation for all activities within the review month. Documentation requirements for verification of participation in work-related activities are outlined in the Case Management PI 06-34 and its changes.

The attached Data Verification Checklist must be completed for each participant file selected for review. The Data Verification Checklist identifies the MWA, participant, review month, and appropriate case documentation submitted. The checklist also contains a weekly activity log for each participant. The weekly log must be completed using the appropriate One-Stop Management Information System (OSMIS) activity codes, actual hours of participation in allowable activities, and the dates clients participated in assigned activities.

For all participants engaged in Job Search/Job Readiness activities (Activity Code 13 on the OSMIS), on the checklist please indicate the start date of the activity, the activity's number of hours during the reporting month, the total number of hours since October 1, 2008, and the number of consecutive weeks for the current participation.

Action: MWAs shall take the appropriate actions necessary to implement the directives of this policy issuance. MWA officials shall ensure the information contained in this policy is disseminated to all appropriate staff.

MWAs shall submit the case files requested every month to:

Mr. Brian Marcotte, Manager
Welfare Reform Section
Bureau of Workforce Transformation
Michigan Department of Labor & Economic Growth
Victor Office Center, Fifth Floor
201 North Washington Square
Lansing, Michigan 48913

Inquiries: Questions regarding this policy issuance should be directed to Mr. Nathaniel Oliver at (517) 335-5871.

The information contained in this policy issuance will be made available in alternative format (large type, audio tape, etc.) upon request to this office.

**Expiration
Date:**

Continuing

LEO:NO:be
Attachment

TANF Jobs, Education, and Training Program Participation Data Verification Checklist

MWA Name: _____ Report Month: [Month] [Year] (Begin Date – End Date)

Participant Name and ID Number: _____

The following MIS Screens are Included:

Activities Support Documentation:

___ Activities Screen

___ No Show/Not Active

___ Case Notes

___ Job Search Log

___ Participant History

___ Attendance Sheet

Job Search/Readiness (JS/JR) Start Date: _____

___ Supervision Documentation

Hours of JS/JR in Month: _____

___ Employment Verification

Total Hours of JS/JR since 10/1/08: _____

___ Check Stubs

Consecutive Weeks of JS/JR: _____

___ Self-Employment Records

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Dates	MIS Code Actual Hours	MIS Code Actual Hours	MIS Code Actual Hours	MIS Code Actual Hours	MIS Code Actual Hours	MIS Code Actual Hours	MIS Code Actual Hours	Weekly Actual Hours
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

Comments