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Workforce Development Agency, State of Michigan (WDASOM)
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To: Michigan Works! Agency (MWA) Directors

From: Gary Clark, Director, Office of Talent Development Services
SIGNED

Subject: Case Management

Programs Affected: Jobs, Education, and Training (JET)

Rescissions: PI 06-34, and its subsequent changes

References: Reauthorization of the Temporary Assistance for Needy Families (TANF) Program; Final Rule: *45 CFR Parts 261, et al.*, Federal Register, Volume 73, Number 24, February 5, 2008

Reauthorization of the TANF Program, Interim Final Rule: *45 CFR Parts 261 et al.*, Federal Register, Volume 71, Number 125, June 29, 2006

TANF Program; Final Rule: 45 CFR Part 260 et al., Federal Register, Volume 64, Number 69, April 12, 1999

PA 471 of 2006, dated December 20, 2006 (Enrolled Senate Bill 1501)

State of Michigan Work Verification Plan, effective August 1, 2012

Social Security Act, 407(c)(2)(C)



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Background: The JET Program is designed to establish and maintain a connection to the labor market for individuals referred from the Michigan Department of Human Services (DHS), while offering educational and training opportunities and Job Search and Job Readiness (JS/JR) activities to increase the individual's income; therefore, reducing or eliminating a family's need for public assistance.

This policy change includes several modifications necessary to reach federal minimum work participation rates as follows:

1. Job Retention: This policy reflects the changes made in OSMIS to automate the 180-Day Job Retention process.
2. Mandatory Use of OSMIS Case Notes
3. Mandatory use of Other Non-Countable Hours (ONCH): MWAs will now be **required** to enter hours of participation as ONCH, as prescribed in this policy issuance.
4. Noncompliance Process: A standard, statewide policy has been implemented to address JET participant noncompliance.
5. Participants Unable to Participate < 30 Days due to Medical Reasons: The reengagement process for clients who fail to return to the MWA is aligned with the standard noncompliance process.
6. Documentation Requirements: The requirements have been updated to reflect changes made to the state's Work Verification Plan.
7. Standardized Forms: Standard JET forms are required to be used to document participation in all activities.
8. 90 Days of Job Retention: MWAs are no longer required to conduct a case management contact 90 days after employment has been attained.
9. Automation of Employment & Training Noncompliance process at DHS
10. Deeming Process for 18 & 19 year old Grantees attending High School or a GED Program
11. Required Hours Change: Two-parent families in which one parent is receiving Supplemental Security Income (SSI) will now be required to participate an average of 30 hours per week.

Policy: Case Management

MWAs must provide case management activities, as necessary, to assist participants in obtaining employment at sufficient wage and hours to eliminate the need for Family Independence Program (FIP) assistance. MWAs shall make every effort to place a minimum of 50 percent of clients, who participate in the JET Program, in positions that provide wages of \$8 per hour or more. Examples of case management activities include working with employers to develop career ladder programs and/or providing more working hours to a participant, enrollment of participants into training programs, assessing needs for supportive services, providing supportive services, consulting with the participant's DHS Family Independence Specialist (FIS) to address situational barriers, and using other community agencies for additional necessary services. MWAs are to serve all persons applying for or connected to a FIP or EFIP case. Persons served are to be electronically referred from DHS, and are to include FIP clients who are in their last months of sanction and have reapplied for FIP. Case managers of JET participants may participate in home visits with DHS staff at the MWA's discretion.

Supportive services are to be provided in accordance with PI 06-33, and its subsequent changes. MWAs are to provide supportive services to participants, as appropriate, through the first 180 days of a participant's employment (the 180-day job retention period). Please note that this also applies to those individuals whose FIP case closes due to income prior to the end of the 180-day retention period. JET participants receiving FIP payments beyond the 180-day retention period may be provided supportive services at the MWA's discretion and funding availability. However, in accordance with PI 06-33, and its subsequent changes, after the 180-day retention period has been completed, public transportation allowances or private automobile mileage reimbursement may only continue to be provided to those participants who are **enrolled in education or training activities**.

MWAs are required to record all appropriate case note information in the OSMIS in a timely manner. This includes identified barriers and steps taken to remove them, supportive services records, and employment information from case management contacts.

Participant information required to be reported in the OSMIS; such as, activity data, beginning and ending dates, participant status, and date attended orientation must be entered in the OSMIS within two business days of obtaining the information with the exception of the Assigned to Triage activity. The Assigned to Triage activity must be entered in OSMIS the same day the Triage Meeting Notice is distributed.

180-Day Job Retention

The OSMIS will track and report 180-day job retention status based on the entry of consecutive weeks of actual hours entered by the MWAs. Participants who have been placed into employment must remain employed for 180 calendar days to be reported as completing 180-day job retention requirements.

If there is a break of seven calendar days or less in a participant's employment status, or a 14 calendar day break occurs as a result of a cyclical layoff during the 180-day period, there is no requirement to start the retention period over. In order for the original 180-day retention period to remain uninterrupted, the individual must remain in the original employment activity in the OSMIS. Within the Employment Activity in OSMIS, the original employment information should be transferred to the comment box and the new employer information should be added to the OSMIS fields. Please note the start date field must not be updated but the new start date should be documented in the comment box.

If the break is more than seven calendar days, or more than 14 calendar days resulting from a cyclical layoff, the 180-day job retention period must begin over from zero, and the individual is to be placed into a new employment activity.

For the purposes of this policy issuance, a cyclical layoff is a layoff of 14 days or less that is related to business or production cycles. The participant must return to work with the same employer at the end of the layoff period. In the case of participants who work with temporary agencies, the participant may return from the cyclical layoff to work at a comparable work site, as long as he/she is an employee of the same temporary agency.

If an individual is still receiving regular FIP payments 180 days after obtaining employment, the participant should not be terminated from the OSMIS. The MWA is to leave the participant active in the OSMIS and continue to verify that work participation requirements are being met.

EFIP

The DHS will provide a payment of \$10 per month for six months to individuals whose FIP case would have otherwise closed due to earnings, **if those individuals continue to meet federal work participation requirements, per Section 57s of PA 471**. The DHS extends the FIP case and it becomes an EFIP case. Such case outcomes are captured as case closures due to income in the OSMIS. All case closures due to income should be considered EFIP cases upon the case closure due to income notification. MWAs must ensure that EFIP recipients who are active with the MWA are meeting federal participation requirements. If, based on a monthly average,

an EFIP recipient's hours of employment are less than his/her federally required hours of participation, the individual must participate in the additional allowable activities necessary for the participant to meet federal participation requirements.

EFIP participants' hours of participation should be verified and reported according to the documentation requirements stipulated in the *Acceptable Forms of Documentation* section of this policy (hours of participation in employment may be projected for up to six months).

If an EFIP participant changes employers, documentation from the **new** employer must be submitted in order to project hours.

If an EFIP participant loses their job, due to no fault of their own, the MWA should re-engage the client and notify the FIS. An EFIP recipient is noncompliant with work related activities and requires the triage process **only** when he/she:

- Quits a job without good cause
- Is fired from a job for misconduct
- Voluntarily reduces hours of employment without good cause

If an MWA is unable to obtain documentation to support an EFIP participant's hours of participation within four weeks of the notification of the case's transfer to EFIP, the MWA should terminate the EFIP participant from the OSMIS using the code "Refused EFIP Services" and notify the FIS of the termination. If an EFIP participant declines MWA services, the MWA should immediately terminate the participant from the OSMIS, using the code "Refused EFIP Services" and notify the FIS of the termination.

Supportive services are to be provided, as appropriate, through the 180-day job retention period. Please note that the six-month (180-day) period in which a participant receives EFIP payments does not necessarily coincide with the participant's 180-day job retention period. EFIP payments begin upon the individual's case closure to *income*, which often occurs at a point subsequent to the person's first date of employment (the beginning of the 180-day retention period). An EFIP payment period that does not begin at the same point at which the 180-day retention period begins is a result of the initial income from the person's employment not having been sufficient to immediately discontinue the FIP payments (and change to EFIP payments). MWAs are not required to provide supportive services to individuals receiving EFIP beyond their 180-day job retention period.

All EFIP cases in the OSMIS will be automatically terminated upon receipt of any "case closure" notification subsequent to the case's initial "case closure due to income" notification. Such automatic terminations include case

closures that occur due to six months of EFIP having been provided, and other case closures (which may occur prior to six months of EFIP having been provided). Accordingly, MWAs are to discontinue the provision of all case management services, including the provision of supportive services, upon such EFIP case terminations.

Participants who move from EFIP payments back to regular FIP payments will continue their current participation in the OSMIS. **The MWA is not to terminate the existing referral, or manually enter a new referral, in the OSMIS.** The participant's EFIP status will be changed to "No" in the OSMIS and the participant will be listed on the "WF_EFIP_NO" report. The Work First Participant Count in the OSMIS will be increased by one to reflect the new referral. MWAs are to reassign allowable work participation activities to these participants, as appropriate.

Noncompliance Process

Noncompliance occurs when a participant does not complete assigned activities, does not call in or show up for a scheduled work assignment, demonstrates a pattern of tardiness, or is otherwise in violation of the JET program without good cause. (Examples of noncompliance may also be found in the DHS Bridges Eligibility Manual 233A, at <http://www.mfia.state.mi.us/olmweb/ex/bem/233A.pdf>.)

Participants who are unable to attend a scheduled activity are expected to notify the appropriate JET MWA staff prior to the time that the activity begins. Participants who do not have good cause for failing to notify the appropriate JET/MWA staff as required are considered noncompliant. (Examples of good cause for noncompliance may also be found in the DHS Bridges Eligibility Manual 233A, at <http://www.mfia.state.mi.us/olmweb/ex/bem/233A.pdf>.)

A determination of noncompliance cannot be made solely on the fact that a participant has exceeded their countable excused absence hours.

The noncompliance policy must be thoroughly explained to participants during their required orientation and MWAs must incorporate the standard language in Attachment M (Noncompliance Policy Excerpt) to local JET orientation materials. All participants who are currently engaged at the MWA must be informed of the new policy, and be afforded the opportunity to ask questions, within 30 days of this policy issuance. In addition to in-person communication, the MWA may mail, e-mail, or fax the information to the participant. The mode of delivery selected must be a standard method of communication between the participant and the MWA. If the MWA chooses an alternative communication method, a phone number must be provided for the participant to call if they have questions.

When a participant is noncompliant with the JET program, the following process is to be followed:

1st Act of Noncompliance: Issue a Noncompliance Warning Notice and Reengage the participant

2nd Act of Noncompliance: If it has been **less than 120** days since the first act of noncompliance, issue a Triage Meeting Notice (Attachment K). If it has been **more than 120 days**, issue a Noncompliance Warning Notice and reengage the participant.

Noncompliance Warning Notice:

The day the MWA becomes aware of the first instance of noncompliance, the MWA must issue a Noncompliance Warning Notice (Attachment I) and attempt to contact the participant in person or by phone to schedule a reengagement appointment.

- If the participant is at the MWA, the reengagement appointment is held at that time.
- If the MWA reaches the participant by phone, the MWA must instruct the client to attend a reengagement appointment at the MWA within the next two business days.
- If the MWA is unable to reach the participant in person or by phone, the MWA must mail, e-mail, or fax the completed notice to the participant that day. The mode of delivery selected must be a standard method of communication between the participant and the MWA. The reengagement appointment must be held within 5 business days.

If a participant notifies the MWA of a need to reschedule the reengagement appointment, the MWA must follow its standard excused absence procedure to determine whether the participant may reschedule.

In all cases, the original Noncompliance Warning Notice form must be maintained in the case file and a copy must be given to the participant.

Reengagement Appointment

During the reengagement appointment the MWA must at least:

- Review the Noncompliance Warning Notice
- Address barriers to participation

- Restate the noncompliance policy, and
- Offer the participant the opportunity to sign a JET Program Reengagement Agreement (Attachment J)

If the participant refuses to sign the reengagement agreement or fails to show up for the appointment, the MWA must immediately generate a Triage Meeting Notice, as described below.

In all cases, the original JET Program Reengagement Agreement form must be maintained in the case file. A copy must be given to the participant if s/he attended the appointment.

Rescinding the Noncompliance Warning Notice

The MWA must rescind a Noncompliance Warning Notice if the participant can produce documentation of good cause for the noncompliance. (Examples of good cause for noncompliance may be found at DHS Bridges Eligibility Manual 233A, at <http://www.mfia.state.mi.us/olmweb/ex/bem/233A.pdf>.)

The MWA may also *choose* to rescind a Noncompliance Warning Notice for a participant who had a missed assignment, but was still able to complete his/her assigned hours for the month.

In order to rescind a notice, the MWA must indicate on the Noncompliance Warning Notice form that the warning is being rescinded. The warning may no longer be acknowledged; however, the updated original notice must be retained in the case file. A copy of the rescinded notice must be given to the participant.

Future upgrades will be made to the OSMIS to track the issuance and rescissions of noncompliance warning notices.

Determining when to Assign a Participant to the Triage Activity

If there is a **second instance of noncompliance within 120 days** of a Noncompliance Warning Notice, the MWA must immediately request a triage meeting, as described under the Triage Meeting Notice section below.

Through certain actions, participants waive the right to a Noncompliance Warning Notice and the MWA must request a triage meeting. **The following are reasons to assign a participant to the triage activity immediately:**

- Falsifying documentation related to work participation activities
- Threatening, physically abusing, or otherwise behaving disruptively toward anyone conducting or participating in an employment and/or self-sufficiency-related activity
- Refusing suitable employment by:

- Voluntarily reducing hours or otherwise reducing earnings.
Exception: This does NOT apply if the work participation program verifies the client changed jobs or reduced hours in order to participate in a work participation program approved education and training program.
- Quitting a job.
Exception: This does NOT apply if the work participation program verifies the client changed jobs or reduced hours in order to participate in a work participation program approved education and training program.
- Firing for misconduct or absenteeism (not for incompetence)
Note: Misconduct sufficient to warrant firing includes any action by an employee, or other adult group member, that is harmful to the interest of the employer, and is done intentionally or in disregard of the employer's interest, or is due to gross negligence. It includes but is not limited to drug or alcohol influence at work, physical violence, and theft or willful destruction of property connected with the individual's work.
- Refusing a bona fide offer of employment or additional hours up to 40 hours per week
A "bona fide offer of employment" means a definite offer paying wages of at least the applicable state minimum wage. The employment may be on a shift; full or part-time up to 40 hours per week; and temporary, seasonal or permanent.
Exception: Meeting participation requirements is not good cause for refusing suitable employment, unless the employment would interfere with MWA approved education and training.

Source: DHS BEM 233A

Triage Meeting Notice

On the day that the MWA becomes aware of the 2nd act of noncompliance within 120 days, or the participant commits one of the actions above, the MWA **must:**

- Complete a Triage Meeting Notice (Attachment K).
- Provide the participant a copy of the completed notice in person, by postal mail, e-mail, or fax. The mode of delivery selected must be a standard method of communication between the participant and the MWA.
- Place the participant into the "Assigned to Triage" activity in OSMIS and indicate the reason for the triage. When entering the "Start Date" on the "Assigned to Triage" screen in the OSMIS, the MWA must enter the date of the noncompliance which has led to the Triage Meeting Notice.

Examples for Processing Acts of Noncompliance

Example 1: The JET participant does not attend the scheduled MWA appointment on Wednesday nor did s/he call in good cause for nonattendance.

A Noncompliance Warning Notice was completed on the Wednesday to address the 1st act of noncompliance. The participant was contacted by phone and instructed to attend a reengagement appointment on Friday. At no time during the phone conversation or prior to the appointment on Friday does the participant provide a good cause reason for the noncompliance on Wednesday. The participant does not attend the reengagement appointment on Friday, thus a 2nd act of noncompliance has occurred less than 120 days from the 1st act of noncompliance and has to be addressed immediately with a Triage Meeting Notice. A Triage Meeting Notice is completed and mailed to the participant on Friday and the participant was assigned to the triage activity in OSMIS that same day with a start date of Friday.

Example 2: The JET participant arrives at the MWA office on Monday to meet with the case manager and turn in job search logs for the previous week. The participant had been assigned to 20 hours of job search but the logs only documented 5 hours of job search. The participant does not provide a good cause reason for the noncompliance. A Noncompliance Warning Notice was completed and given to the participant in person on Monday to address the 1st act of noncompliance. As the client was at the MWA, the case manager was able to hold the reengagement appointment at that time. The participant remained actively engaged and at the end of the month had successfully completed the monthly required hours of participation assigned. The MWA *chose* to rescind the Noncompliance Warning Notice.

Scheduling the Triage Meeting

Effective August 6, 2012, the DHS will be automating the DHS-2444, Notice of Noncompliance. With this change, Bridges will schedule the triage appointment and generate a DHS-2444 for the participant. Bridges will also interface the triage appointment information to OSMIS.

At the Triage Meeting

MWA involvement in the triage (i.e., in person or via telephone conference call) is a local decision, so long as the DHS staff, MWA staff, and participant are able to be involved in the communication process.

The MWA must bring the applicable case file copies of the participant's Noncompliance Warning Notice, JET Program Reengagement Agreement, and Triage Meeting Notice for the noncompliance in question.

If the DHS and MWA staff do not agree as to whether good cause exists for the noncompliance, the case must be forwarded to the immediate supervisors of each party involved to reach an agreement. The DHS supervisor makes the final determination of good cause.

Examples of good cause for noncompliance may be found in the DHS Bridges Eligibility Manual 233A, at <http://www.mfia.state.mi.us/olmweb/ex/bem/233A.pdf>.

If the participant is given a finding of good cause, the MWA must indicate the participant's newly assigned activities in the OSMIS. If good cause was not found or has not been determined, the MWA is to wait for the interface from Bridges to send a case closure to the OSMIS before entering a termination on the OSMIS.

Please note that a participant's failure to attend a triage meeting does not automatically lead to a determination of no good cause.

Post-Triage - Good Cause Found and Effect on the Noncompliance Warning Notice

If the participant is given a finding of good cause that also covers the infraction on the Noncompliance Warning Notice, the MWA must rescind the Noncompliance Warning Notice, as explained below.

Example: On a Friday, a participant fails to submit JS/JR logs. The participant is not at the MWA, nor can they be reached by phone, the MWA mails the participant a Noncompliance Warning Notice, notifying him/her of a Reengagement Appointment. The participant fails to show for the Reengagement Appointment. The MWA issues a Triage Meeting Notice. At the triage, the participant presents good cause documentation showing that s/he was in the hospital. If the participant was hospitalized during the time for which the JS/JR logs were due, the Noncompliance Warning Notice must be rescinded. If the good cause is only for the time of the reengagement appointment, then the Noncompliance Warning Notice **should not be** rescinded.

Post-Triage JET Program Appointment Notice

Post-Triage JET Program Appointment Notice (Attachment L) has been created as a best practice for the MWAs. The notice contains the time, date, and location of the reengagement appointment and is to be signed by the participant, MWA staff, and DHS staff after a triage meeting in which good cause is given.

A copy of the signed notice must be given to the participant and to the DHS staff. The original is to be maintained in the case file.

Other Triage Information

Triage meetings are not required for the following OSMIS termination reasons:

- Found ineligible after referral
- Deferred
- FIP case closure-Other
- FIP case closure-Income
- Refused EFIP Services
- Participant Death
- Institutionalized

MWAs are not required to participate in triage meetings for FIP referrals who fail to show or call for an orientation at JET. Referrals who fail to show or fail to contact the MWA should not be activated in the OSMIS.

All referred individuals that attend orientation but fail to show/call for subsequent JET assignments are subject to the new noncompliance and reengagement procedures.

If reengagement is unsuccessful, one of the following procedures is required:

- If the participant's FIP case is **active**: MWAs must place the individual into the "Assigned to Triage" activity in the OSMIS and participate in the triage.
- If the participant's FIP case is **not active**: MWAs are to place the individual into the "Assigned to Triage" activity in the OSMIS. MWAs are not required to participate in the triage. These individuals may be terminated from the OSMIS *after* being placed into the "Assigned to Triage" activity.

MWAs may determine whether a JET participant's FIP case is active by viewing the "FIP/FAP Status" column on the "FSSP Home" screen in the participant's FSSP.

JET Participants who are Unable to Participate due to Medical Reasons

30 Days or Less

JET participants who are unable to participate for 30 days or less due to medical reasons are to be placed in OSMIS code 75; "Medical Inactive – 30 days or less."

MWAs must give the participant a Return to JET Appointment Notice (Attachment H) which schedules the participant to return or contact the MWA

at the end of their medically excused period. If the notice cannot be given to the participant in person, then the mode of delivery must be a standard method of communication between the participant and the MWA, such as by postal mail, e-mail, or fax. If the participant fails to return or make contact with the MWA as instructed, this is an act of noncompliance. The MWA must follow the Noncompliance Process described in this policy.

More than 30 Days

If an MWA receives information from a JET participant that they are unable to participate in the JET program for more than 30 days due to medical reasons, **the MWA must contact** the local DHS for a deferral determination and place the participant into OSMIS code 80; “Pending Deferral Determination.” **The participant is not to be placed in a triage nor terminated from the OSMIS while waiting for a deferral determination to be made.**

If DHS makes a determination that the individual qualifies for a deferral, the participant will be indicated as such in the daily OSMIS deferral file and will be terminated automatically from the OSMIS. If DHS determines that the individual does not qualify for a deferral, the MWA must reengage the participant and assign him/her to an appropriate allowable activity.

FAST

The FAST is a 50-question, web-based, participant self-assessment designed to identify the participant’s strengths and barriers. The FAST is to be completed by the participant and takes approximately 30 minutes to complete, depending on the individual’s reading and computer skills. The participant’s responses to the questions will assist in the development of the FSSP.

All JET participants must complete and submit a FAST within 30 days of the initial interview with the FIS. Completion of the FAST is the participant’s responsibility. MWAs may assist with participants’ completion of the FAST if they have the resources to do so. The FAST is available to participants at www.michigan.gov/fast, in both English and Spanish. The client must select an answer to every question even if they choose the response “skip.” When the client submits the completed FAST, they will be given a confirmation number to document their completion of the FAST. Participants with active FIP cases that were opened prior to FAST completion requirements must complete a FAST at re-determination of FIP eligibility.

FSSP

The FSSP is a web-based service plan designed for multiple agencies to share data that pertains to mutual participants. The FSSP is accessible to MWAs through the OSMIS. It is used to collect, document, and report on

participants' participation in employment, education, and family strengthening activities that will support success in self-sufficiency. Currently, the work participation activities assigned to participants and actual hours of participation are collected from the OSMIS and displayed on the FSSP the following day.

Please note that MWAs no longer need to enter the Contract Agreement Date on the FSSP. The "Date Attended Orientation" that is recorded by the MWA in the OSMIS (the Contract Agreement Date) will be automatically sent to the FSSP.

MWAs must continue to complete an Individual Service Strategy in the OSMIS for all participants within 30 days of program enrollment, in accordance with the Bureau of Workforce Programs PI 06-10.

Entry of Educational and Training Outcomes

MWAs must enter into the OSMIS all JET participants' educational and training outcomes prior to termination/case closure. In the registration component of the OSMIS, case managers will be required to indicate whether or not the participant obtained a high school diploma/GED, an associate's degree, other post-secondary degree, or other training credentials during enrollment in JET. All educational and training outcomes must be verified by the MWA prior to being entered into the OSMIS.

Entry of Actual Hours of Participation

WDASOM PI 06-11, and its subsequent changes, specify the requirements and limitations of all allowable activities. Actual hours of participation in the allowable activities must be entered into the OSMIS and supported by the appropriate documentation, as specified in this policy. Planned hours may **not** be considered and entered as actual hours.

Actual hours must be entered into the OSMIS within **two calendar weeks** of the end of the week in which the activity was completed, with the exception of self-employment which is calculated and entered monthly. Each week is defined as **Sunday through Saturday**.

The beginning and ending dates for each reporting month may be found in the OSMIS, in the "Participation Hours Calendar." This calendar may be accessed through the "Update/View Participant Activities" page, the "Enter Actual Hours" page, or the "Actual Hours Status" page.

Hours of participation in paid work activities may be projected for up to six months, with appropriate documentation as specified in this policy.

Participants remaining countable participation time in Vocational Educational Training (VET) and JS/JR may be found on the FSSP, under the Countable Hours option in the Main Menu.

In order to better track and record JET participant engagement levels and to avoid unnecessarily exhausting JS/JR or VET durational limits, the MWA **must** report hours of participation as ONCH in the following situations:

- When a participant does not meet federal work participation requirements for the month, hours must be moved from actual hours to ONCH hours.
- When a participant already has enough hours for the month, additional time spent in JS/JR activity must be reported as ONCH.
- When a participant has exceeded the annual JS/JR limit, additional time spent in the activity must be reported as ONCH.

Please remember when moving JS/JR and VET hours to ONCH, any excused absence or holiday hours must also be removed.

The Actual Hours Status Page, within the Update/View Participant Activities screen of the OSMIS has also been updated to reflect hours entered as “Other Non-Countable Hours.” Actual hours of ONCH will be transferred to the FSSP for inclusion on the Countable Hours Reports. Please use the “Countable Hours” option on the Main Menu of the FSSP to access Countable Hours Reports, which will display the actual hours of ONCH from OSMIS in the “Other” cell of the “Actual Hours” row near the top of the page. The Countable Hours Limits History Report may be used to determine how many JS/JR hours have been counted towards work participation and the availability of JS/JR hours.

Technical instructions for the entry of actual hours into the OSMIS can be found in Appendix I of this policy issuance.

The OSMIS does not allow changes to activity begin dates, activity end dates, or actual hours data that is more than four months old. For example, actual hours data for the last week of June cannot be changed after the last week of October.

Deeming for 18 & 19-Year-Old Grantees - Satisfactory Attendance at a Secondary School or in a Course of Study Leading to a Certificate of General Equivalence

18 & 19-year-old grantees may be deemed to be meeting their federal minimum work participation requirement solely through satisfactory attendance in high school, a high school completion program, or a GED

program. Satisfactory attendance is determined by the educational institution. Homeschooling is not allowed.

A new activity will be created in OSMIS titled “HS/GED for 18/19 Years Old.” Only participants, who are 18 or 19-years-old without a high school diploma or GED, are eligible for this activity.

The MWA must enter actual hours in OSMIS and maintain acceptable documentation, as described in this policy. Zero actual hours are acceptable if the educational program was not in session due to a short-term break, such as winter holiday or spring break. Excused absences and holiday hours **will not** be tracked for this activity.

JET Program requirements must resume during any month which the minor grantee is not assigned to the above educational activities. Example: The 18 or 19-year-old grantee is participating in a traditional high school environment where classes are not scheduled during the summer. During the summer, they must be assigned to allowable activities at the appropriate level to meet work participation.

At this time, the OSMIS will not recognize these participants as meeting work participation; however if selected in the TANF Data Verification sample, they will be counted as meeting federal work participation.

Required Hours Change for Two-Parent Household Treated as Single Parent Due to Receipt of SSI

A two-parent FIP household in which one parent is receiving SSI is required to participate an average of 30 hours per week, regardless of the age of the youngest child in the family. This change will be effective September 2, 2012. Prior to implementation, the MWAs will be provided with a list of active JET participants that will be affected along with an informational letter for each participant. The MWAs will need to adjust the participant’s assigned activities accordingly.

Acceptable Forms of Documentation

All hours of participation reported as actual hours in the OSMIS **must** be verified every two weeks with documentation which meets the requirements below and in the Documentation Checklist (Attachment N). This policy also includes standard forms that **must be used** to document actual hours of participation unless an exception is noted below. The MWAs may create instructions for using the standard forms, as long as the instructions are printed on the back of the form. On all forms the Michigan Works! logo may be deleted and a local MWA logo may be inserted in its place. The MWA may also replace the title “MWA Staff” with a locally recognized title. Several of the forms have more than one approved version to choose from.

Where signatures are required, electronic signatures may be accepted.

1. Paid Work Activities (Except Self-Employment):

- Unsubsidized Employment (*except* Self-Employment)
- Subsidized Private and Public Sector Employment
- On-the-Job Training (OJT)

Paid work must be documented in one of the following ways:

- With a pay stub, other official employer record detailing hours of work, or third party verification, such as “TALX” which includes:
 - Participant’s name
 - Participant’s actual hours of participation
 - Name of the employer

OR

- By a documented contact with an employer through one of the following methods:
- A WDASOM Verification of Employment Hours form (Attachment A)

OR

- A signed written statement generated by the employer which includes:
 - Participant’s name
 - Participant’s actual hours of participation
 - Name of the employer
 - Name and contact information of the individual providing the information.

Note: Written statements from employers or completed WDASOM Verification of Employment Hours forms must not be used as verification of participation hours, unless the documentation was completed after the hours have actually been worked.

Projecting Hours for Unsubsidized Employment (excluding self-employment), Subsidized Employment, and OJT

An MWA may report projected actual hours of employment participation for up to six months based on current, documented actual hours of work, assuming hours worked will remain constant. All documentation must

conform to the requirements above. Projections are to be generated as follows:

- Calculate the average weekly hours worked during a minimum of two consecutive weeks based on pay stubs, other official employer records detailing hours of work, or third party verification services, such as “TALX,”

Example: If the participant is paid weekly, and if the MWA is using pay stubs to verify hours or participation, the MWA would use two consecutive pay stubs to project hours. If the participant is paid bi-weekly or monthly, only one pay stub is needed to project hours.

OR

- Project the average weekly hours based on a documented contact with the employer.

Reminder: Written statements from employers or completed WDASOM Verification of Employment Hours forms must not be used as verification of participation hours, unless the documentation was completed after the hours have actually been worked.

Any time an MWA receives information that the participant's average actual hours of work have changed, or no later than the end of any six-month period, the MWA must re-verify the client's current actual average hours of work, and may report these projected actual hours of participation for another six-month period.

2. **Self-Employment:**

MWAs must collect copies of a participant’s documentation of gross business sales and expenses, attach the copies to the completed Self-Employment Cover Sheet (Attachment B), and maintain this packet in the participant’s case file. Documentation may consist of personal checks, business receipts, billing invoices, or accounting records. (Self-reporting by a participant *without* additional verification is not sufficient documentation.)

The cover sheet includes the following formula:

Monthly net business sales (gross revenue minus expenses) divided by the federal minimum wage, equals Monthly Actual Hours.

Monthly Actual Hours divided by number of weeks in the month*, equals average Weekly Actual Hours.

*The number of weeks in the month is defined by the Participation Hours Calendar in OSMIS (4 or 5).

Guidelines used for determining allowable self-employment activities and allowable self-employment expenses must be consistent with the countable self-employment income guidelines used by DHS in determining TANF eligibility. These guidelines can be found in DHS Bridges Eligibility Manual 502 at <http://www.mfia.state.mi.us/olmweb/ex/bem/502.pdf>.

The MWA is required to request verification of expenses from the participant; however, if the participant indicates they do not have any business expenses, then the MWA may not deduct expenses from the gross revenue.

Projecting Hours of Self-Employment

Actual participation hours for self-employment may be projected for up to six months, assuming hours worked will remain constant, based on one month of tax or income records. The hours must be calculated and verified by using the self-employment formula and documentation requirements above.

3. Job Search and Job Readiness (JS/JR) - OUTSIDE the Service Center

In order to count job search activities that a participant engages in **outside the MWA service center**; participants must maintain a **daily** record of all employers visited or contacted by using the Outside Job Search Contact Log (Attachment C).

If travel time between interviews is included in reported JS/JR time, the MWA must verify that the time is an accurate representation of the time required to travel between the locations.

The MWA must conduct random reviews of the listed employers on job search records to ensure the validity of the reported participation hours.

4. Job Search and Job Readiness (JS/JR) - INSIDE the Service Center

The Activity Log (Attachment D) is to be used to document the participant's time spent in JS/JR activities at the MWA service center or at another supervised location, such as a substance abuse treatment appointment.

If the MWA has their own time keeping methods for JS/JR at the service center, such as time cards or electronic monitoring, they may be used in

place of the Activity Log, *if* it fulfills the documentation requirements below:

- Participant's name
- Actual Hours and dates of participation
- Name, signature, and contact information of the MWA staff overseeing the activity

In order to count substance abuse treatment, mental health treatment, or rehabilitation as Job Readiness activities, a qualified medical, substance abuse, or mental health professional must provide written documentation of the need for participation in such activities.

5. Work Experience Program (WEP) and Community Service Program (CSP)

The Activity Log (Attachment D) is to be used to document the participant's time spent engaged in WEP or CSP.

If the WEP or CSP site has their own record keeping methods such as time cards, attendance records, electronic records or other official verification, they may be used in place of the Activity Log, *if* it fulfills the documentation requirements below:

- Participant's name
- Actual hours and dates of participation
- Name of the work site
- Name, signature, and contact information of the individual verifying the information

The Activity Log

Since the Activity Log is used to document both JS/JR inside the service center and WEP/CSP activities, two activities can be documented on the same sheet OR each activity can be documented on a separate Activity Log. Although documentation is only required to be submitted bi-weekly, a new Activity Log is to be used each week.

6. Providing Childcare Services to an Individual Participating in a CSP

The Childcare Services for CSP Participant form (Attachment E) is to be used to document this activity.

7. Educational Activities

The Education Log (Attachment F) is to be used to document the activities below.

Performed at an Educational Institution or Through Distance Learning

- Vocational Educational Training (VET)
- Job Skills Training Directly Related to Employment
- Education Directly Related to Employment
- Satisfactory Attendance at a Secondary School or in a Course of Study Leading to a Certificate of General Equivalence

If the educational institution has their own record keeping methods for the above activities such as time cards, attendance records, electronic records, computer log-in/log-out times, or other official verification it may be used in place of the Education Log, *if* it fulfills the documentation requirements below:

- Participant's name
- Actual hours and dates of participation
- Name of educational provider
- Name, signature, and contact information of the individual verifying the information

*If computer log-in/log-out times are used as documentation, the periods must be verifiable by the educational institution as periods in which progress was made.

Alternative Documentation Process for Distance Learning

If the educational institution will not sign the participant's Education Log (Attachment F) and the institution does not have its own record keeping method for attendance for distance learning programs that meets the criteria above, the following process may be followed:

If the MWA chooses to participate in the alternative documentation process, the participant must provide evidence of work completed and progress made to the MWA at least every two weeks. This evidence may be feedback from the distance-learning program or copies of work completed. The MWA must monitor the participant's progress and compliance by reviewing information submitted by the participant and/or contacting the school. In addition, the MWA must be available on a daily basis to the participant by telephone, e-mail, or face-to-face for any needed guidance or oversight. The MWA will also sign the Education Log as the individual verifying the information.

Study Time

A limited amount of supervised and unsupervised study time may be counted for these educational activities. In order to count study time, the participant's case file must contain documentation of the educational institution's homework/study time expectations. Total study time hours (supervised plus unsupervised) may not exceed the homework/study time expectations of the educational institution. In addition to these limitations:

- Unsupervised study time entered may not exceed the actual time spent in classroom (seat time).
- Supervised study time must occur in a formal study hall at the MWA or the educational institution, where an MWA staff person or appropriate representative of the educational institution, can verify the participant's hours of study on the Education Log (Attachment F).

8. 18 & 19-Year-Olds Attending High School or a GED Program

The 18 & 19-Year-Olds Attending High School/GED Log (Attachment G) is to be used to document this activity.

Performed at an Educational Institution or Through Distance Learning

If the educational institution has their own record keeping methods such as time cards, attendance records, electronic records, computer log-in/log-out times, or other official verification it may be used in place of this log, *if* it fulfills the documentation requirements below:

- Participant's name,
- Actual hours and dates of participation,
- Name of educational provider,
- Name, signature, and contact information of the individual verifying the information, and
- A statement from the educational provider that the participant has maintained satisfactory attendance.

Documenting Excused Absences and Holidays

Excused absences and holiday policies apply to participation in the unpaid work activities (JS/JR, WEPs, CSPs, Provision of Childcare Services to

Individuals Participating in CSPs, VET, Job Skills Training Directly Related to Employment, Education Directly Related to Employment, and Satisfactory Attendance at a Secondary School or in a Course of Study Leading to a GED). The approved holidays and excused absences may be reported as actual hours. In order to count an excused absence or holiday as actual hours of participation, the individual must have been scheduled to participate in the activity for the period of absence that the MWA reports as participation time. MWA office closures, other than for holidays listed below, may be counted as an excused absence for the participant.

Excused absences are limited to a maximum of 80 in the preceding 12-month period, no more than 16 of which may occur in a month. The MWA has the discretion to allow additional excused hours; however, they will not count towards federal participation requirements.

The MWA must document the following information in the case record:

- Date of the absence
- Reason for the absence
- Approval or denial of the absence
- Case manager initials or signature
- Date of determination

The following are the approved holidays. A maximum of eight hours per holiday may be counted towards participation requirements.

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Fourth of July
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

Example: If a participant is scheduled to participate in a WEP every Monday for four hours, the participant may receive four countable hours of WEP for Labor Day without being required to participate in the WEP that day.

Excused absences and holiday time must be recorded in the appropriate fields in the OSMIS. Technical instructions for the entry of excused absence and holiday hours into the OSMIS can be found in Appendix I of this policy issuance.

Excused absence or holiday hours reported as actual hours in the OSMIS, under either JS/JR or VET, will be counted towards the durational limits associated with these activities. For example, if the MWA reports three hours of excused absences from JS/JR, those three hours of excused absence time will be counted towards both the participant's countable JS/JR limit and the participant's countable excused absence limit. Durational limits on JS/JR and VET are detailed in the WDASOM PI 06-11, and its subsequent changes, regarding Allowable Activities.

In order to preserve excused absence hours and the durational limits of JS/JR or VET, the MWA must not enter excused absence hours in OSMIS that do not help meet work participation. If the hours have already been entered the MWA must remove these hours. In these cases, the participant would be excused from attendance and would not be considered a "no show." The MWA must document that the hours were approved, but not entered in OSMIS.

In the same way, the MWA must not enter holiday hours in OSMIS that do not help meet work participation.

Data Verification

The documentation requirements specified above are used to verify JET program participation in allowable work activities. Documented actual hours are compared with participant's assigned participation requirements to measure BWT PI 08-21, and its subsequent changes, which describe the TANF data verification process.

Found Ineligible Referrals

Please note the following automated OSMIS procedures regarding individuals who are "found ineligible" by DHS subsequent to being referred.

If an individual is found ineligible for FIP benefits after being referred to the MWA, and the individual **has not** attended orientation, the OSMIS will set the "Last Day to Attend" in the OSMIS to the date the individual was found ineligible and will inactivate the record. No action is required of the MWA.

If an individual is found ineligible for FIP benefits after being referred to the MWA, and the individual **has** attended orientation and has not been terminated by the MWA, the OSMIS will review the transaction file for service code 01, 14, 20, 30, 31, 32, 50, 72, or 73 without an End Date. If there is an active service code of 01, 14, 20, 30, 31, 32, 50, 72, or 73, no further action is performed by the system. The MWA should assess these cases and determine whether services should continue to be provided to the individuals. If there is not an active service code of 01, 14, 20, 30, 31, 32, 50, 72, or 73, the system will terminate the record as "WR_WF_INELIGIBLE."

Action: MWA officials shall take the appropriate actions necessary to implement the directives of this policy issuance. Instructions for the entry of actual hours within the OSMIS can be found in Appendix I to this policy issuance.

Inquiries: Questions regarding this policy issuance should be directed to your Welfare Reform state coordinator at (517) 335-5858.

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

GC:LM:pv
Attachments

Appendix I

Entry of Actual Hours

ENTRY OF ACTUAL HOURS INTO THE ONE-STOP MANAGEMENT INFORMATION SYSTEM (OSMIS)

Actual Hours can be accessed from either the Enter Activities screen or the Update Activities screen.

Clicking on Enter in the Actual Hours column opens the Enter Actual Hours screen. Here you can enter hours for each week of an activity. The week time period runs from Sunday to Saturday and you cannot enter hours for a given week until today's date is subsequent to Sunday's date of the week you want to enter (see picture below).

Update/View Participant Activities

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hour: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

Program: Work First

Date Attended Orientation: 03/29/2006

[Participation Hours Calendar](#)

To view a calendar of Participation Weeks in each month

Activity	Begin Date	Estim. End Date	End Date	Employer Name	Hours	Service Location	Actual Hours
Work Experience	09/18/2008	-	-	-	50	ACSET Admin-Grand Rapids	Enter
Community Service Programs	09/18/2008	-	-	-	55	ACSET Admin-Grand Rapids	Enter
Job Search and Job Readiness	09/02/2008	-	-	-	20	ACSET Admin-Grand Rapids	Enter

To enter Actual Hours

Actual Hours can be recorded for existing and new clients. If you wish to skip a week, you must enter 0 hours for that week.

Hours for most activities must be entered week-by-week. However, for employment-related service codes 1, 14, 19, 20, 30, and 31, hours can be pre-filled up to 26 weeks into the future from the current date. On the Enter Actual Hours screen, type in the number of hours for this activity, select the beginning week and the ending week and then click Autofill Actual Hours (see picture below).

Enter Actual Hours

Unsubsidized Employment

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

Use this section to auto-fill Actual Hours for the given Date Range :

Enter these Actual Hours:

for the inclusive range of weeks starting: ▼

and ending: ▼

[Participation Hours Calendar](#)

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday
1	01/30/2011	<input style="width: 30px;" type="text"/>	N/A	N/A	N/A
2	02/06/2011	<input style="width: 30px;" type="text"/>	N/A	N/A	N/A
3	02/13/2011	<input style="width: 30px;" type="text"/>	N/A	N/A	N/A

A maximum of 240 hours of JS/JR per preceding 12-month period, may be counted towards the participation requirements of single custodial parents with a child under age six, and a maximum of 360 hours of JS/JR may be counted toward the participation requirements of all other individuals. If more than 240/360 hours are entered into the OSMIS, the system will display an error message such as the one below. For an accurate representation of the JS/JR hours that have been applied to the 240/360 limit, please view the participant's Countable Hours Limits History by accessing the Countable Hours Report within the FSSP.

Enter Actual Hours

Job Search and Job Readiness (JSJR)

- **Job Search/Job Readiness limit is 240 hours per year. All other hours will not count toward Work Participation.**
- **If the information you entered is correct, please 'Confirm' to update the registration**

[Access DHS-FSSP](#)

<p>NAME: YES JET</p> <p>Customer ID: JETYE0818</p> <p>FIP Family Status: (1) Single Parent Family</p> <p>Participation Hours: 20 - changed on 02/20/2009</p> <p>FAP Grant Amount: 562</p>	<p>MWA Referral Type: Work First Referral - 1</p> <p>Client/Recipient ID#: 2072612</p> <p>EFIP Status: -</p> <p>Eligibility Date: 05/01/2008</p> <p>FIP Grant Amount: 403</p>	<p>Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids</p> <p>Case Number: X2964171A</p> <p>WF Participant Count: 1</p> <p>JS/JR Limit: 240 hours</p> <p>RAP Grant Amount: 0</p>
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Please note the **error message** pertaining to entering more than four consecutive weeks of JS/JR is not always accurate. The federal regulation which stipulates that only four consecutive weeks of JS/JR will be counted toward federal work participation still applies.

If a participant has exceeded the annual countable JS/JR limit (240/360 hours), additional time spent in this activity must be entered as Other Non-Countable Hours (ONCH) as indicated below.

Enter Actual Hours

Job Search and Job Readiness (JSJR)

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	12/26/2010	<input type="text"/>	<input type="text"/>	<input type="text"/>	New Year's	<input type="text" value="20"/>
2	01/02/2011	<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text" value="20"/>
3	01/09/2011	<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text" value="20"/>
4	01/16/2011	<input type="text"/>	<input type="text"/>	<input type="text"/>	Martin Luther King Jr.	<input type="text" value="20"/>
5	01/23/2011	<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text" value="0"/>

If an individual did not meet the federal work participation requirement for the month, the JS/JR hours must be entered as ONCH as shown below.

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	12/26/2010	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	New Year's	<input type="text" value="0"/>
2	01/02/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="10"/>
3	01/09/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="20"/>
4	01/16/2011	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Martin Luther King Jr.	<input type="text" value="20"/>
5	01/23/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="20"/>

If an individual has met their monthly federal participation requirement, (20 hour client = 80 hours for 4 week month/100 hours for 5-week month or 30 hour client = 120 hours for 4-week month/150 hours for 5-week month) any additional time spent in this activity must be entered as ONCH as indicated below. This hours' management technique will avoid unnecessarily exhausting JS/JR limits (240/360 hours).

Enter Actual Hours

Job Search and Job Readiness (JSJR)

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

[Participation Hours Calendar](#)

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	12/26/2010	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	New Year's	<input type="text" value="0"/>
2	01/02/2011	<input type="text" value="20"/>	<input type="text"/>	N/A	N/A	<input type="text" value="10"/>
3	01/09/2011	<input type="text" value="20"/>	<input type="text"/>	N/A	N/A	<input type="text" value="0"/>
4	01/16/2011	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	Martin Luther King Jr.	<input type="text" value="20"/>
5	01/23/2011	<input type="text" value="20"/>	<input type="text"/>	N/A	N/A	<input type="text" value="0"/>

Community Service and Work Experience have a monthly limit on Actual Hours. If more than the allowable hours are entered, which can vary depending on the participant's FIP grant amount, the system will display an error like the one shown below. Please note the error message will also appear if the FIP grant amount is left blank.

Enter Actual Hours

Community Service Programs

- The number of Actual Hours you specified in Row# 2 (55) would cause the overall number of such hours for 'Work Experience' or 'Community Service Programs' activities of this participation and for the month of January, 2011, to total 55 hours. This would be above the limit of 54 hours per month. All other hours will not count toward Work Participation.
- If the information you entered is correct, please 'Confirm' to update the registration

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

[Participation Hours Calendar](#)

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday
1	01/02/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A
2	01/09/2011	<input type="text" value="55"/>	<input type="text"/>	N/A	N/A

If an individual participated in a minimal number of hours of VET in a month, the hours may be entered as ONCH as shown below. This hours' management technique will avoid unnecessarily exhausting the individual's 12-month lifetime limit on VET. However, in order to apply the hours toward the federal work participation requirements, the actual hours should be entered as the non-core activity "Job Skills Directly Related to Employment."

Enter Actual Hours

VET - Condensed Vocational Programs

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

[Participation Hours Calendar](#)

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	01/02/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="6"/>
2	01/09/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="0"/>
3	01/16/2011	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Martin Luther King Jr.	<input type="text" value="0"/>
4	01/23/2011	<input type="text" value="0"/>	<input type="text"/>	N/A	N/A	<input type="text" value="0"/>

Please note: If a participant exceeds the 12-month lifetime limit of VET, enter continued participation in the VET activity as actual hours of the non-core activity "Job Skills Directly Related to Employment."

Excused Absence and Holiday hours are entered into the same screen as other actual hours. When entering **Excused Absences** a maximum of 80 hours in the preceding 12-month period may be entered. No more than 16 hours may be countable in a month (see picture below). If the limits are exceeded, a warning message will be displayed.

Enter Actual Hours

Job Search and Job Readiness (JSJR)

- The number of Excused Absence Hours you specified in Row# 3 would cause the overall number of such hours for the month of January, 2011 across all of this Applicant's Actual Hours records, to total 17 hours. The "Excused Absence" limit is 16 hours per month and all other hours will not count toward Work Participation.
- If the information you entered is correct, please 'Confirm' to update the registration

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

[Participation Hours Calendar](#)

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	12/26/2010	20	<input type="text"/>	<input type="text"/>	New Year's	<input type="text"/>
2	01/02/2011	20	<input type="text"/>	N/A	N/A	<input type="text"/>
3	01/09/2011	3	17	N/A	N/A	<input type="text"/>
4	01/16/2011	20	<input type="text"/>	<input type="text"/>	Martin Luther King Jr.	<input type="text"/>

There are ten holidays for which a participant may receive credit towards their total countable hours in unpaid work activities. A total of eight hours per holiday can be entered into OSMIS. If the limit is exceeded, the system will display an error message such as the one shown below.

- The number of Holiday Hours you specified in Row# 119 (16) exceeds the overall number of holiday hours for the week of 12/26/2010. During that week, the limit is 8 hours due to the New Year's holiday.
- Current transaction can not be completed. Please correct above errors and re-submit request

Weeks in which actual hours are entered must fall between the Begin Date and the End Date of the activity.

If hours have been entered for an activity and the Start Date is then moved backward, the OSMIS will provide a warning that moving the Begin Date will create new Actual Hours weeks. Click Confirm and the system will create these weeks and enter 0 for the new weeks added.

Confirm Activities

Job Search and Job Readiness Asst.

♦ **Warning: By giving this activity's Start Date a new value, the application will automatically create Actual Hours records with a default value of zero (0) hours for all weeks starting with the week of Sunday 03/30/2008 and up to the week of Sunday 08/24/2008. Please 'Confirm' if you wish to continue with this change anyway.**

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 61852301	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 09/15/2008	Eligibility Date: 04/10/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 133	FIP Grant Amount: 403	RAP Grant Amount: 0

If hours have been entered for an activity and the End Date is entered for a date prior to weeks for which hours have already been entered, the system will give a warning message that some weeks with hours will be deleted. The system will delete any hours past the End Date of the activity.

Confirm Activities

Job Search and Job Readiness Asst.

♦ **Warning: By modifying this activity's End Date, the Actual Hours records that had been entered for all weeks starting with the week of Sunday 09/07/2008 and up to the week of Sunday 09/14/2008 will automatically be deleted by the application. Please 'Confirm' if you wish to continue with this change anyway.**

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 61852301	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 09/15/2008	Eligibility Date: 04/10/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 133	FIP Grant Amour: 403	RAP Grant Amount: 0

ONCH may be entered for service codes 13, 21, 50, 72, and 73. The Actual Hours Status Page, accessed within the Update/View Participant Activities screen, has been updated to reflect ONCH entered as shown below.

Actual Hours Status Page

[Access DHS-FSSP](#)

NAME: YES JET	MWA Referral Type: Work First Referral - 1	Current Staff: CENTRAL STAFF DCD ACSET Admin-Grand Rapids
Customer ID: JETYE0818	Client/Recipient ID#: 2072612	Case Number: X2964171A
FIP Family Status: (1) Single Parent Family	EFIP Status: -	WF Participant Count: 1
Participation Hours: 20 - changed on 02/20/2009	Eligibility Date: 05/01/2008	JS/JR Limit: 240 hours
FAP Grant Amount: 562	FIP Grant Amount: 403	RAP Grant Amount: 0

Region Code: - **Date Attended Orientation:** 03/29/2006

[Participation Hours Calendar](#)

List of Actual Hours for Weeks starting on or after **01/02/2011** and ending on or before **01/23/2011**.

Week Begin Date	13	TOTAL
01/02/2011	20	20
01/09/2011	20	20
01/16/2011	20	20
01/23/2011	20	20
TOTAL	80	80

Legend	
Service Code	Description
13	Job Search and Job Readiness (JSJR)

List of **Other Non-Countable Hours** for Weeks starting on or after **01/02/2011** and ending on or before **01/23/2011**.

Week Begin Date	13	TOTAL
01/02/2011	10	10
01/09/2011	0	0
01/16/2011	20	20
01/23/2011	0	0
TOTAL	30	30

Legend	
Service Code - Non-Countable	Description
13	Job Search and Job Readiness (JSJR)

Appendix II
Documentation Materials



VERIFICATION OF EMPLOYMENT HOURS

Participant Name: _____ Client/Recipient ID: _____ <small>(Print First & Last Name)</small>	
Section 1 - Employment Information (To Be Completed By Employer or By MWA Staff if Done Via Phone Contact)	
Employer Name: _____ _____	Employer Address, Phone, & Fax: _____ _____ _____
Date Employment Began: _____	Average Actual Weekly Hours Worked: _____
Wage: _____	Notes: _____ _____ _____
Section 2 – To Be Completed by Employer	
Person Completing Form _____ Title _____ <small>(Print First & Last Name)</small>	
Signature _____ Date: _____	
Section 3- To Be Completed by MWA Staff if Employment is Verified Via Phone	
Name of Michigan Works! Staff Verifying Call _____ Date of Call: _____ <small>(Print First & Last Name)</small>	
Title of Michigan Works! Staff (optional): _____	



SELF-EMPLOYMENT COVER SHEET
Income and Expense

Participant Name: _____ Client/Recipient ID: _____ <small>(Print First & Last Name)</small>	
Month/Year: _____	
FOR MWA USE ONLY BELOW (To Be Completed By MWA Staff)	
Total Revenue – Expenses = Net Business Sales*	Net Business Sales / Federal Min. Wage = Monthly Actual Hours
_____ - _____ = _____	_____ / _____ = _____
Monthly Actual Hours / Number of Weeks in Month (Per TANF Calendar) = Average Weekly Hours	
_____ / _____ = _____	
Name of Michigan Works! Staff Verifying Information	
(Please Print) _____ Date of Call: _____ <small>(First & Last Name)</small>	
MWA Staff Title _____	
<p>ALL DOCUMENTATION OF INCOME AND EXPENSES MUST BE ATTACHED TO THIS COVER SHEET.</p> <p><i>Per WDASOM policy self-reporting by a participant without additional verification is not sufficient documentation.</i></p> <p><i>Guidelines used for determining allowable self-employment activities and allowable self-employment expenses must be consistent with the countable self-employment income guidelines used by DHS in determining TANF eligibility. These guidelines can be found in DHS Bridges Eligibility Manual 502 at http://www.mfia.state.mi.us/olmweb/ex/bem/502.pdf</i></p>	

(Revised 07/20/12)



OUTSIDE JOB SEARCH CONTACT LOG

Participant : _____ (First & Last Name)	Client/Recipient ID: _____	Due Date: _____ Time: _____
Michigan Works! Representative Name: _____ (Please Print)		
Week Begin Date (Sunday) : _____ Week End Date (Saturday): _____		

Date	Mileage (See case manager)	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)	Actual Time Spent (check one)
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____
				Interview Application Resume Follow-up Internet Other _____	<input type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> 45 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> If more than 1 hr _____

Total Hours Above: _____

Participant Signature: _____

Page ____ of ____

By signing above, I agree that the information I provided is true to the best of my knowledge.

(Revised Date: 07/20/12)



OUTSIDE JOB SEARCH CONTACT LOG

Participant : _____ <small>(First & Last Name)</small>			Client/Recipient ID: _____		Due	
Michigan Works! Representative Name: _____ <small>(Please Print)</small>					Date: _____	
Week Begin Date (Sunday) : _____			Week End Date (Saturday): _____		Time: _____	
Date	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)		Actual Time Spent (check one)	
			Interview _____	Application _____	<input type="checkbox"/> 15 Min	<input type="checkbox"/> 30 Min
			Resume _____	Follow-up _____	<input type="checkbox"/> 45 Min	<input type="checkbox"/> 60 Min
			Internet _____	Other _____	<input type="checkbox"/> If more than 1 hr _____	
			Interview _____	Application _____	<input type="checkbox"/> 15 Min	<input type="checkbox"/> 30 Min
			Resume _____	Follow-up _____	<input type="checkbox"/> 45 Min	<input type="checkbox"/> 60 Min
			Internet _____	Other _____	<input type="checkbox"/> If more than 1 hr _____	
			Interview _____	Application _____	<input type="checkbox"/> 15 Min	<input type="checkbox"/> 30 Min
			Resume _____	Follow-up _____	<input type="checkbox"/> 45 Min	<input type="checkbox"/> 60 Min
			Internet _____	Other _____	<input type="checkbox"/> If more than 1 hr _____	
			Interview _____	Application _____	<input type="checkbox"/> 15 Min	<input type="checkbox"/> 30 Min
			Resume _____	Follow-up _____	<input type="checkbox"/> 45 Min	<input type="checkbox"/> 60 Min
			Internet _____	Other _____	<input type="checkbox"/> If more than 1 hr _____	

Total Hours Above: _____

Participant Signature: _____

Page _____ of _____

By signing above, I agree that the information I provided is true to the best of my knowledge.

(Revised Date: 07/20/12)



ACTIVITY LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
 (Print First & Last Name)
 Signature of Participant: _____ Required Hours: _____
By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of community service/work experience I was assigned by the MWA staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my JET participation requirements.
 2-Parent Family (Optional Data) Name of 2nd Parent: _____
Any community service (CSP) or work experience (WEP) credit hours MUST be approved by your MW Staff before you complete the activity.

ACTIVITY #1 CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Program Work Experience Program

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING:
				Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____

ACTIVITY #2 CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Work Experience

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING:
				Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____

(Revised Date: 07/20/12)



ACTIVITY LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
 (Print First & Last Name)
 Signature of Participant: _____ Required Hours: _____
By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of community service/work experience I was assigned by the MWA staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my JET participation requirements.
 2-Parent Family (Optional Data) Name of 2nd Parent: _____
Any community service (CSP) or work experience (WEP) credit hours MUST be approved by your MW Staff before you complete the activity.

ACTIVITY #1 CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Program Work Experience Program

DATE	ACTUAL HOURS OF PARTICIPATION	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING:
			Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____

ACTIVITY #2 CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Work Experience

DATE	ACTUAL HOURS OF PARTICIPATION	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING:
			Name: _____ (Print) Phone/Email: _____ Signature: _____ (First & Last Name)

Total Hours: _____

(Revised Date: 07/20/12)



ACTIVITY LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of community service/work experience I was assigned by the MWA staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my JET participation requirements.

2-Parent Family (Optional Data) Name of 2nd Parent: _____

Any community service (CSP) or work experience (WEP) credit hours MUST be approved by your MW Staff before you complete the activity.

ACTIVITY **CHECK ONE:** JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Program Work Experience Program

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING
				Name: _____ <small>(Print)</small> Phone/Email: _____ Signature: _____ <small>(First & Last Name)</small>

Total Hours: _____

(Revised Date: 07/20/12)



ACTIVITY LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true to the best of my knowledge and I understand that I am only able to complete the number of hours of community service/work experience I was assigned by the MWA staff. Any amount of time I have completed in excess was done so voluntarily and I understand it will not count towards my JET participation requirements.

2-Parent Family (Optional Data) Name of 2nd Parent: _____

Any community service (CSP) or work experience (WEP) credit hours MUST be approved by your MW Staff before you complete the activity.

ACTIVITY

CHECK ONE: JS/JR (At Service Center or Substance Abuse/Mental Health Treatment)
 Community Service Program Work Experience Program

DATE	ACTUAL HOURS OF PARTICIPATION	NAME OF WORKSITE	PERSON VERIFYING HOURS OF PARTICIPATION MUST COMPLETE THE FOLLOWING
			Name: _____ <small>(Print)</small> Phone/Email: _____ Signature: _____ <small>(First & Last Name)</small>

Total Hours: _____

(Revised Date: 07/20/12)



RETURN TO JET APPOINTMENT NOTICE

Date: _____ Client/Recipient ID: _____

Dear _____
(Print Participant First & Last Name)

You have been given a medically excused leave from _____ to _____
(Begin Date) (End Date)

You are scheduled to return to JET on _____ at _____
(Return Date) (Appointment Time)

If you are unable to keep your appointment, you must contact _____
(MWA Staff Name)
at _____ BEFORE your appointment.
(Phone Number)

If you do not return or contact us before the appointment time, you will be considered noncompliant and you will be subject to the noncompliance policy.

MWA Use Only
Please complete section below PRIOR to providing participant with their copy of this notice.
Distribution of Notice: Original remains in case file and a copy must be giving to the participant

Participant Copy Given In Person By Mail By E-mail By Fax Date: _____

Issued by: _____ Contact: _____
(Print name of MWA staff issuing the notice) (Phone Number)

(Revised: 07/20/12)



Noncompliance Warning Notice

Date: _____

Client/Recipient ID: _____

Dear: _____
(Print Participant First & Last Name)

On _____ you became noncompliant with the JET Program for the following reason(s):
(Date of Noncompliance)

(Insert Details of Noncompliance)

In order to avoid triage and a potential FIP case closure, you **must** attend this reengagement appointment:

Date: _____ Time: _____ Location: _____

If you believe that you had good cause for the noncompliance, please bring proof to this appointment.

If you have questions, please contact: _____ at _____
(Name of MWA Staff) (Phone Number)

MWA Use Only
Please complete section below PRIOR to providing participant with their copy of this notice.
Distribution of Notice: Original remains in case file and a copy must be giving to the participant.

Participant Contacted	<input type="checkbox"/> In Person	<input type="checkbox"/> By Phone	<input type="checkbox"/> Unable to Reach	Date: _____	
Participant Copy Given	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> By E-mail	<input type="checkbox"/> By Fax	Date: _____

Warning Notice Rescinded
(If Applicable)

Date: _____ Reason: _____

Rescinded by: _____ Contact: _____
(Print Name of MWA Staff) (Phone Number)

Distribution of Notice: Original remains in case file and a copy must be giving to the participant

(Revised: 07/20/12)



JET PROGRAM REENGAGEMENT AGREEMENT

Participant Name: _____ (Print First & Last Name)		Client/Recipient ID: _____	
Reengagement Appointment Date: _____		Time: _____	
From this point forward, I agree to:			
<ul style="list-style-type: none">• Complete my activities, as assigned• Turn in my documentation, as required• Contact the MWA if I need supportive services, and• Comply with the requirements of this program.			
_____		_____	
(Participant Signature)		(Date)	
<input type="checkbox"/> Participant refused to sign			
<input type="checkbox"/> Participant did not show for reengagement appointment			
_____		_____	
(MWA Staff Signature)		(Date)	

MWA Use Only

MWA must complete a Triage Meeting Notice if Participant refused to sign this agreement or did not attend the appointment.
Distribution of Notice: Original remains in case file and a copy must be given to the participant, if they attend the appointment.

(Revised: 07/20/12)



Triage Meeting Notice

Date: _____

Client/Recipient ID: _____

Dear: _____
 (Print Participant First & Last Name)

You are currently considered noncompliant with the JET program and a triage meeting has been requested for the following reason(s):

 (Insert Dates and Details of Noncompliance)

You will receive a triage appointment notice from the Department of Human Services. Please follow the instructions on the letter. If you believe that you had good cause for the noncompliance you must bring proof to the triage appointment.

If you have questions, please contact: _____ at _____
 (Name of MWA Staff) (Phone Number)

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.
 Distribution of Notice: Original remains in case file and a copy must be given to the participant.

NOTE: The "Assigned to Triage" activity must be entered in OSMIS the same day the notice is distributed to the participant.

Triage Request Notice Issued:	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> By E-mail	<input type="checkbox"/> By Fax	Date: _____
-------------------------------	------------------------------------	----------------------------------	------------------------------------	---------------------------------	-------------

Issued by: _____ Contact: _____
 (Print name of MWA staff issuing the notice) (Phone Number)

(Revised: 07/20/12)



Post-Triage JET Program Appointment Notice

Date: _____

Client/Recipient ID: _____

Dear: _____
(Print Participant First & Last Name)

Your triage meeting was held on _____ and resulted in a determination of good cause.
(Date of Meeting)

You must attend the following reengagement appointment:

Date: _____ Time: _____ Location: _____

(Additional Information)

If you have questions, please contact: _____ at _____
(Name of MWA Staff) (Phone Number)

(Participant Signature) (Date)

(MWA Staff Signature) (Date)

(DHS Staff Signature) (Date)

MWA Use Only
Distribution of Notice: Original remains in case file and a copy must be giving to the participant and to the DHS.

(Revised: 07/20/12)

NONCOMPLIANCE POLICY EXCERPT FOR JET ORIENTATION
Effective 7/20/12

Noncompliance Issues

- We are here to assist you in your job search efforts. In order to avoid penalties for noncompliance with program policies it is extremely important that you communicate with JET/MWA Staff if you are unable to perform any of your assigned activities.
- The following noncompliance issues will result in an initial warning but could possibly lead to a triage meeting that may affect your family's benefits:
 - Refusing to participate in assignments
 - Refusing a suitable job offer of employment
 - Failing to follow up on a job referral
 - Falsifying any JET or DHS document, including job search logs
 - Quitting a job without having another job
 - Being fired from a job
 - Refusing additional work hours up to 40 hrs/wk

Noncompliance Process

- As with any job, failure to follow the JET guidelines may result in penalties. If you are not compliant, JET/MWA staff is required to address the behavior as follows:
 - **Step 1:** If you are noncompliant, you will receive a Noncompliance Warning Notice. JET/MWA Staff will offer you the chance to sign a reengagement agreement. If you believe that you had good cause for your noncompliance, you may present the documentation to the MWA at any time.
 - **Step 2:** If you have another incident of noncompliance within 120 days, you will be assigned to a triage meeting.
 - **Exception to 2-Step Process:** If you have a serious offense, you will not receive a Noncompliance Warning Notice. *You will be directly assigned to triage.*

Triage Meeting

- If you are assigned to triage, you will receive a Triage Meeting Notice from the JET/MWA staff. You will also receive a Notice of Noncompliance from DHS, which will provide you with the appointment information for your triage meeting.
- If you believe that you had good cause for the noncompliance, you must bring supporting documentation to the triage meeting.
- If you do not have good cause, you will face a financial penalty to your FIP case.

(Revised 7/20/12)

Documentation Checklist (updated 7/20/12)

REMINDER: This is to be used in conjunction with WDASOM policy issuances 12-10, 06-11, and their subsequent changes. It is not a stand-alone document and should not be used in lieu of applicable policy issuances.

*Signatures may be electronic

PAID WORK ACTIVITIES**Unsubsidized Employment (excluding self-emp.), Subsidized Employment, and On-the-Job Training**

If Hours are projected, case file contains documentation of the average weekly hours based on:

- Documentation of two consecutive weeks of employment via pay stubs, other official employer records detailing hours of work, or third party verification services, such as “TALX,” which includes:
 - Participant’s name
 - Participant’s actual hours of participation
 - Name of the employer

OR

- A completed WDASOM Verification of Employment Hours Form documenting hours that have ALREADY been performed

OR

- A signed, written, statement generated by the employer which includes:
 - Participant’s name
 - Participant’s actual hours of participation
 - Employer name
 - Name and contact information of the individual providing the information

If hours cannot be projected, MWAs must continue to collect documentation to enter hours biweekly.

Self-Employment

If Hours are projected, case file contains documentation of the average weekly hours based on:

- Documentation of the participant’s monthly net sales based on personal checks, business receipts, invoices, or accounting records
- A WDASOM Self-Employment Cover Sheet which uses the following formulas to determine self-employment hours:
 - Monthly net business sales (gross revenues minus expenses) divided by the federal minimum wage equal Monthly Actual Hours.
 - Monthly Actual Hours divided by number of weeks in month equal average Weekly Actual Hours.

If hours cannot be projected, MWAs must continue to collect documentation to enter hours monthly.

JOB SEARCH/JOB READINESS

Conducted at the Service Center or if Job Readiness activity involves substance abuse treatment, mental health treatment, or rehabilitation:

- Documented at least every two weeks
 - Case file contains a completed WDASOM Activity Log*
- OR**
- Case file contains an MWA attendance record which includes:
 - Participant's name
 - Actual Hours** and dates of participation
 - Name, signature, and contact information of the MWA staff overseeing the activity
- *If Job Readiness activity involves substance abuse treatment, mental health treatment, or rehabilitation:
- Case file contains a statement of need from a qualified medical, substance abuse, or mental health professional

Conducted Outside the Service Center

- Documented at least every two weeks
- Case file contains a WDASOM Outside Job Search Contact Log

UNPAID WORK ACTIVITIES

Work Experience Program (WEP) and Community Service Program (CSP)

- Documented at least every two weeks
 - Case file contains a WDASOM Activity Log
- OR**
- Case file contains a WEP/CSP agency-generated attendance record which includes:
 - Participant's name
 - Actual hours and dates of participation
 - Name of the work site
 - Name, signature, and contact information of the individual verifying the information

Providing Childcare Services to an Individual who is participating in a CSP

- Documented at least every two weeks
- Case file contains a completed WDASOM Childcare Services for CSP Participant form

EDUCATIONAL ACTIVITIES

Vocational Educational Training, Job Skills Training Directly Related to Employment, Education Directly Related to Employment, and Satisfactory Attendance at a Secondary School or in a Course of Study Leading to a Certificate of General Equivalence

- Documented at least every two weeks
 - Case file contains a completed WDASOM Education Log
- OR**

- Case file contains an institution-generated attendance record which includes:
 - Participant's name
 - Actual hours and dates of participation
 - Name of educational provider
 - Name, signature, and contact information of the individual verifying the information

Study Time

Supervised Study Time

- Documented at least every two weeks
- Case file contains a completed WDASOM Education Log
- Case file contains documentation of the educational institution's homework/study time expectations
- Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

Unsupervised Study Time

- Documented at least every two weeks
- Case file contains documentation of the educational institution's homework/study time expectations
- Hours entered do not exceed the actual time spent in classroom (seat time)
- Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

18 & 19 Year Old Grantees Attending High School or a GED Program

- Documented at least every two weeks
- Case file contains a completed WDASOM 18 & 19 Year Olds Attending High School/GED Log
- OR**
- Case file contains an institution-generated attendance record which includes:
 - Participant's name
 - Actual hours and dates of participation
 - Name of educational provider
 - Name, signature, and contact information of the individual verifying the information
 - A statement from the educational provider that the participant has maintained satisfactory attendance

EXCUSED ABSENCES

- Case file contains documentation which includes:
 - Date of the absence
 - Reason for the absence
 - Approval or denial of excused absence
 - Case manager initials or signature and date of determination

APPENDIX III
WELFARE REFORM CODES

WELFARE REFORM SERVICE CODES

<u>Service Code</u>	<u>Activity</u>	<u>Core/Non-Core</u>	<u>Actual Hours</u>
1	Unsubsidized Employment	Core	Up to 26 Weeks in Future
13	Job Search and Job Readiness (JS/JR)	Core	Current Week
14	On-the-Job Training	Core	Up to 26 Weeks in Future
17	Work Experience	Core	Current Week
19	Unsub Employment Part-Time	Core	Up to 26 Weeks in Future
20	Unsub Employment Prior to Referral	Core	Up to 26 Weeks in Future
21	JS/JR-Sub Abuse Trtmt, Mntl Hlth Trtmt, Rehab Act	Core	Current Week
29	NWLB Waiting for Training	N/A	N/A
30	Subsidized Private Sector Employment	Core	Up to 26 Weeks in Future
31	Subsidized Public Sector Employment	Core	Up to 26 Weeks in Future
32	Job Skills Training Directly Related to Employment	Non-Core	Current Week
33	Community Service Programs	Core	Current Week
35	Education Directly Related to Employment	Non-Core	Current Week
37	Providing Child Care for CSP Participant	Core	Current Week
50	VET-Vocational Occupational Training	Core	Current Week
51	High School Completion	Non-Core	Current Week
52	General Equivalency Diploma	Non-Core	Current Week
72	VET-Condensed Vocational Programs	Core	Current Week
73	VET-Internships, Practicums & Clinicals	Core	Current Week
75	Medical Inactive – 30 days or less	N/A	N/A
80	Pending Deferral Determination	N/A	N/A
81	Assigned to Triage	N/A	N/A
86	Waiting for MRS Consultation	N/A	N/A
87	MRS Activity Other	N/A	N/A
88	Non-Participating Parent - 2 Parent	N/A	N/A