

Atlantic County Office of Workforce Development
Work First New Jersey Services Provider Guide



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SECTION 1: PROGRAM OVERVIEW AND PROGRAM OPERATIONS

The Atlantic County WDB has funded programs that communicate the importance of maintaining employment, emphasizing work as the gateway through which individuals can enter the economic mainstream and ultimately become and desire to remain, self-sufficient.

For many customers there are multiple challenges involved in sustaining unsubsidized employment and avoiding long-term welfare dependency. Studies have shown that about one-quarter of the recipients who become employed stop working within three (3) months and at least half are no longer working within one (1) year. A sizeable portion of this population poses a complex challenge in that they have two (2) or more barriers to employment. These customers cycle in and out of the welfare system and may need long-term support and wrap-around services in one or more of the following areas: case management, domestic violence, housing instability, mental health, substance abuse, transportation, disability, basic skills or other educational barriers, child care issues, language barrier, parenting problems, low self-esteem and behavioral problems. Consistent with the statutory requirements of the Personal Responsibility Work Opportunities Reconciliation Act of 1996, Atlantic County has aggressively pursued the cessation of public assistance benefits for customers who have received cash benefits for more than 69 months. On average, 300 public assistance recipients, per year, see their cash benefits terminated. Sub-recipients in Atlantic County, must work cooperatively with the Work First New Jersey staff, the One Stop Coordinator, support services and behavioral health and substance abuse services, to ensure that the participants' needs are met to the fullest extent to maintain participation in the work activity.

The primary goal of these programs is to provide program participants with an opportunity to develop marketable skills that lead to sustainable, unsubsidized employment. This is achieved through the provision of intensive short-term job search assistance and job skill development services that improve the customer's marketability and employability and reduce or eliminate the customer's need for public assistance.

The Guidebook will discuss the program operations for up to three (3) services that will be incorporated into an individual **Employability Plan**. These services include the following:

Core Activities (for TANF customers):

Core activities provided in the consolidated system that may be offered as stand-alone activities or combined with non-core activities for WFNJ customers:

PLEASE NOTE: JOB SEARCH IS NO LONGER A COMPONENT OF THIS ACTIVITY. THE JOB SEARCH COMPONENT WILL BE PROVIDED BY THE JOB DEVELOPMENT/JOB PLACEMENT SUB-RECIPIENT(S).

- **Job Readiness:** This activity improves the employment prospects of WFNJ customers through activities focusing on basic work ethic training, workplace competency skills and customer service skills that enhance the participant's employability. **This is a stand-alone activity that may not be used with any other activity.** Within the current program structure, however, it is only necessary to provide the job readiness component of this activity, which should not last more than two weeks. The primary goal of this service is to prepare a foundation

for customers to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment.

- Community Work Experience Program: This activity is designed to serve WFNJ customers who are in need of more intensive employment-related services. CWEP is an unpaid, work experience with the goal that individuals will acquire the general skills, training, knowledge and work habits necessary to obtain employment. **This activity may be used as a stand-alone activity or it may be paired with a non-core activity.**
- Occupational Skills Training: This activity provides WFNJ customers with short-term, relevant job training that leads to an industry recognized credential, in an in-demand occupation, as defined by the New Jersey State Department of Labor and Workforce Development. This training may be provided directly by the sub-recipient as long as the sub-recipient has been certified as a training provider and can be found on the New Jersey Labor and Workforce Development Eligible Training Provider List (ETPL). Sub-recipients may also choose to refer interested customers to the Employment and Training unit of the Atlantic County Workforce Development Office. The primary goal of this service is to prepare a foundation for customers to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment.

Non-Core Activities (TANF only):

Non-Core activities provided in the consolidated system that must be combined with a core activity for WFNJ customers. All non-core activities may be no more than 15 hours per week and must be paired with a core activity for the TANF population:

- Adult Basic Education: This activity is provided to improve the education prospects of WFNJ customers through activities that increase their Educational Functioning Level (EFL) in Reading, Writing, and/or Math, improve English proficiency and/or prepare for the high school equivalency exam.
- English as a Second Language: ESL instruction is provided to those customers who are unable to speak, read, write or comprehend the English language. Classes are provided through the local community college.
- Job Skills Training: This activity trains WFNJ customers for job skills required by an employer to provide an individual with the ability to obtain unsubsidized employment or to advance or adapt to the changing demands of the workplace, which would include: digital literacy training, workplace competencies, financial literacy, customer service, work values, and focused preliminary training targeting current job opportunities aligned with labor market information.
- Life Skills Training: **This activity is mandatory and must be provided during the first three-month employability plan.** This activity improves the employment prospects of WFNJ customers through activities that focus on positive attitudes towards work, respect for others, showing up for work, being punctual, self-motivation and self initiative, team building, and leadership development. This program is now required for all referred customers.

GA and SNAP ABAWD are no longer required to follow the core and non-core requirements established for the TANF population. All benefit recipients in these two funding streams must participate in 30 hour/week work activities, however, they can participate in any of the allowable work activities for the full thirty hours, or the hours in each activity can be adjusted in any manner to meet the customer's identified needs under the work activity requirement of 30 hours/week. (There are special circumstances for CWEP which will be explained further on page 10.)

The WFNJ population must adhere to the following guidelines:

1. Customers must participate in a state approved "work activity."
2. TANF customers are required to attend and complete all programs and services they are referred to for a total of 35 hours per week.
3. GA customers are required to attend and complete all programs and services they are referred to for a total of 30 hours per week.
4. SNAP customers are required to attend and complete all programs and services they are referred to for a total of 30 hours per week.
5. Customers must remain in a continuous activity throughout the month, with no breaks in services.
6. TANF customers' participation rates are captured on state reports on a monthly basis.
7. Customers who are non-compliant with the work activity requirement will be sanctioned.
8. Customer activities are appropriately coordinated with Office of Workforce Development (OWD) case manager's to ensure customers are always engaged in an activity or program with no breaks or absences.
9. Customers who comply with the required activities are provided with support services necessary to ensure customers remain engaged.
10. Customers must ensure that they have provided accurate and timely attendance. TANF, GA and SNAP customer's attendance is recorded on the WFNJ FSP-87 (Rev. 1/10) form. The FSP-87 does not replace the need for on-site documentation of attendance (sign-in/sign-out sheets). Time entry shall be reported for the first through the 15th of the month, and the 16th through the end of the month, inclusive.
11. Timesheets must reflect a minimum ½ hour lunchbreak.
12. Customers are allowed only ten (10) excused absences per year.
13. TANF customers that secure part-time employment must continue to participate in a supplemental activity to meet the required 35 hours per week of participation.
14. GA customer that secure part-time employment must continue to participate in a supplemental activity to meet the required 30 hours per week of participation.
15. SNAP customers that secure part-time employment (less than 30 hours per week) must continue to participate in a supplemental work activity to meet the required 30 hours per week.
16. Once the ABAWD SNAP population completes 30 days of job-readiness activities, this activity must be less than half of the 30 hour work activity requirement. (ABAWD requirement only)

SECTION 2: REFERRAL

All customer referrals for TANF, GA and SNAP work activities will originate from the Atlantic County WFNJ case managers.

Referral packets for TANF and GA customers must include the following:

Receipt of this guide does not guarantee referrals/enrollments to your school/program. Likewise, this guide should be used as an informative tool. The WDB reserves the right to modify this guide at anytime.

1. Employability Plan Development Tool (EPDT) Part B.
2. Work First New Jersey Referral for Services WFNJ-28
3. WFNJ Agreement for Participant Activity WFNJ-29
4. Work First New Jersey TANF/TCC Referral for Child Care Services WFNJ CC-165
5. IRP for two-week assessment
6. Bus Ticket/Bus Pass Issuance Form- AC-228

Referral packets for the SNAP ABAWD customers will include the interagency referral, the registration short form, and the initial IRP.

SECTION 3: ASSESSMENT AND EMPLOYABILITY PLAN PROCESS

Sub-recipients have the option of either providing the TABE assessment directly or scheduling the test with the Atlantic County Office of Workforce Development during the two-week assessment period.

In order to provide the best opportunity for the customer to obtain meaningful skill development through his/her WFNJ work experience, referred customers will participate in an initial assessment of their workforce readiness, utilizing the EPDT (Employability Plan Development Tool) part B and TABE scores, in conjunction with the assessment series provided through NJCAN (New Jersey Career Assistance Navigator), and any other career assessment tools the provider believes to be beneficial to the assessment process. During the assessment process, counselors should confirm that all customers have a personal e-mail account. If they do not have an account, one should be created for him/her. This assessment process will be two weeks in length. Each customer will develop an individualized **Employability Plan** that will identify the strengths and needs of the customer as each relates to employability and career development. Barriers to employment including criminal background, substance abuse and mental health issues as well as resource limitations should be discussed and integrated into the employability plan. The Employability Plan will be created jointly by the customer and the sub-recipient counselor. Through the identified activities of the employability plan, the sub-recipient counselor and the customer will agree on the specific skill that will be practiced during the work activity. The Employability Plan will be the cornerstone of each customer’s career path. This plan will create a step-by-step process for increasing the customer’s marketable skills and enhancing his value to the employer. A copy of the plan is included as Attachment A-1. All plans will be signed and dated by the customer and the sub-recipient. In order to avoid lapses in service, all employability plans should be completed no later than the seventh business day of the two-week assessment period. All employability plans must be approved by the WFNJ case manager or supervisor, prior to initiating the plan. Sub-recipients shall submit plans to the WFNJ representative upon completion. All plans must be reviewed, authorized and returned within three (3) working days. Any WFNJ requests for clarification of Employability Plan components will be faxed to the sub-recipient within the 3 day review period. Written clarifications should be returned as soon as possible after receipt in order to comply with the three (3) working day turnaround time.

Employability Plan Reauthorization

During the tenth week of the 12-week plan period, if necessary, the contract counselor and the customer will meet, to evaluate progress on skill development and determine whether or not additional services are required. No employability

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plan shall be more than three (3) months in length. Plans may be extended after completing the reauthorization process and justifying additional need. The process for reauthorization requires completion of the Employability Plan Reauthorization form, which includes a brief description of progress towards established goals, targets achieved and additional steps needed for employability. In order to maintain continuity of service, the request for service reauthorization should be submitted during the 10th week of the current Employability Plan, following a face-to-face conference with the customer. The Employability Plan Reauthorization document is included as Attachment A-2. Similarly, any WFNJ request for clarification of re-authorization will follow the same process as clarification for the Employability Plan.

Employability Plan Amendments

In those cases where a current employability plan requires modification of the work activity or start dates, as long as the time frame of the modification fits within the 3-month structure of the initial employability plan, it must be labeled as a **plan amendment**.

Once an employability plan has been created and authorized, it cannot be changed without submitting and receiving authorization for a plan amendment from the assigned case manager. **Because the employability plan is created jointly with the customer and the counselor, it must be followed unless there are circumstances beyond the control of either the counselor or the customer.**

Once the Employability Plan has been authorized, the provider will be responsible for managing the services and activities of the customer. In the event that a customer is non-compliant with the plan, the sub-recipient will follow the protocol for outreach and, if necessary, referral back. Once the customer has been referred back and placed in sanctioned status, the customer will be returned to the provider to continue with his/her plan as soon as he/she indicates an intent to comply with the work activity requirements.

Existing Employability Plans or Re-authorizations:

For the initiation of a new contract period, the sub-recipient must provide a list of current customers, who have an existing employability plan and continue to be in compliance, to the WFNJ 'To Work' Supervisor. The list should include the customer's name, case number, activity and start date of the activity.

Section 4: Invoicing

Invoices must contain all required documentation in order to be processed. Invoices must be accompanied by those verification documents identified in each activity. Invoices must include the following:

- a. WDG Voucher Form as the cover of all invoices.
- b. Cover sheet explaining what invoice is for.
- c. Line item summary of monthly operating expenditures including a copy of the payroll register

Invoices should be received by the 5th of the following month.

Section 5: Activities

Attendance Reporting:

All timesheets must be created electronically. No handwritten documents will be accepted.

Sub-recipients will use the referral packets received from WFNJ case managers each week to create an attendance roster for assessment orientation and each subsequent work activity. On the third day of any activity, the sub-recipient will refer-back all customers who were NO-CALL, NO-SHOW for the first two days. This must occur for every work activity. Reporting information must include the customer's name, case number and birthdate. Following the initial three days of the activity, time and attendance must be reported on the 15th and last day of the month.

Customer Evaluation and Creation of Employability Plan:

Completion of the Employability Plan containing all required signatures and dates.

Verification includes copy of Employability Plan, signed and dated by all parties.

A key element of the consolidated workforce development system for the WFNJ population is the development of an Employability Plan outlining their education, career and employment goals. The Employability Plan demonstrates customer progress. This plan should be developed by the sub-recipient in coordination with the WFNJ customer and case manager. Sub-recipients will be required to provide career and work readiness assessments and utilize New Jersey Career Navigator (NJCAN) online resources in the development of the Employability Plan.

An Employability Plan must be completed for each WFNJ customer prior to starting the first activity. All plans must be authorized by the OWD (To Work unit) prior to starting the first activity. As customers move from one service to the next, customers and sub-recipients must be in close communication with case managers to ensure activities are comparable to the customer's goals as listed on the Employability Plan. For all employability plan reauthorizations, the sub-recipient counselor must meet *face-to-face* with the WFNJ customer during the tenth week of the current employability plan to evaluate progress and jointly determine what additional work experience will best benefit the customer. All plans and reauthorizations must be completed and approved prior to the end of the current employability plan. Customers shall not change activities until authorization is received from the WFNJ case manager. Activity placement must follow the Employability Plan exactly. The Atlantic County WDB, the OWD reserve the right to determine what is and is not an appropriate activity.

Case management responsibility lies jointly with the WFNJ case managers and the sub-recipient staff. While the WFNJ case managers are responsible for initial interaction and the provision of necessary support services, sub-recipient staff are responsible for assessing customer needs and creating an individualized employability plan. In order to provide individual services to all customers, and assure that the customer is receiving the work experience and instruction necessary to build marketable, industry-driven skills, the sub-recipient must have regular contact with the customer.

Job Development/Job Placement

“Work” ready customers should be immediately directed to the **job placement contracted provider** for job matching and placement.(See ‘Referral to Job Placement’ on page) Those customers needing intensive activities to prepare for unsubsidized employment should be directed to a core activity or a combination of core and non-core activities, where

appropriate. Customers must participate in Life Skills education. Other work activities shall be assigned based on the results of the evaluation and the Employability Plan. Customers that do not obtain employment should be re-evaluated and placed in another appropriate activity as documented on the Employability Plan and Reauthorization.

Core Activities (TANF)

Job Readiness

Sub-recipients must provide this service directly to WFNJ customers. The primary goal of this service is to prepare a foundation for customers to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment. Job Readiness improves the employment prospects of WFNJ customers through activities focusing on career development by researching labor market trends, identifying occupational interests; creating resume's, improving interviewing skills and workplace competency. Job readiness is considered a core activity and must be provided as a standalone activity. **Because the scope of activities related to this work activity are now limited to job readiness, the length of this activity will be reduced to two weeks. All job search activity will be the responsibility of the Job Development/Job Placement sub-recipient.**

Sub-recipients are required to utilize the NJCAN online resources. Supplemental curriculum and resources may be utilized, but must be identified in the applicant proposal.

WFNJ customers must develop a career portfolio and resume. Career portfolios are used to plan, organize and document education, work samples and skills. WFNJ customers' resume must be posted on the Career Connections website maintained by the New Jersey State Department of Labor and Workforce Development.

Community Work Experience Program:

Sub-recipients must provide this service directly to WFNJ customers. Customers must be matched with appropriate work experience sites based on the Employability Plan. **All placements in a CWEP activity must include the opportunity to develop a specific, identified skill that is directly related to the targeted goals and objectives of the Employability Plan.** Work experience sites should be comparable to the customers desired occupation title/cluster. This activity is designed to serve WFNJ customers who are in need of more intensive employment-related services. CWEP is an unpaid work experience with the goal for individuals to: acquire the general skills, training, knowledge and work habits in an occupational cluster of their interest necessary to obtain employment. WFNJ customers may be placed with public, government and non-profit agencies to complete this activity.

The Community Work Experience Program is considered a core activity and may be provided as a standalone activity or in combination with a non-core activity for TANF recipients. As a standalone activity, WFNJ customers must participate 35 hours per week for TANF recipients for no more than 6 months in a program year. **Customers shall not be placed in any CWEP activity, having the same job duties for more than three months.** As a combination activity, combining **core and non-core activities**, WFNJ TANF customers must participate for a total (core/non-core) of 35 hours per week for no more than 6 months in a program year, taking into consideration non-core activity time limits (less than 15 hours). GA recipients must participate in a work activity, for **30 hours per week. Work Verification requirements for core and non-core activities do not apply to GA and SNAP ABAWD recipients.** SNAP recipients must participate in the CWEP work activity for the number of hours per month provided by the SNAP eligibility calculation. This calculation

will be generated by the eligibility worker at the time of the referral to work activity assignment. For TANF, GA and SNAP ABAWD recipients, **customers participating in a CWEP work activity** may not exceed the number of hours per month stated on the referral form.

The anticipated length of time a WFNJ customer will remain in this activity must be documented on the Employability Plan. Adjustments to the Employability Plan timeframe will require written justification. Sub-recipients are required to **develop and monitor worksites**. Worksites must be approved via a Worksite Agreement. (see Worksite Agreement Packet CW-1) All worksite documentation should be maintained by the sub-recipient. Sub-recipients must provide an orientation to worksites to ensure the accuracy of timesheets and to express the importance of record keeping with regards to reporting requirements. This should be acknowledged in the Agreement.

Sub-recipients are expected to **place, case manage and monitor WFNJ customers** in a CWEP for the duration of the contract. Sub-recipients will be required to submit work evaluations, completed and signed by the worksite supervisor every 30 days of participation for WFNJ customers. (Attachment I-3) These evaluations are conducted to ensure that the employment-related skills are equivalent to the participant's aptitudes and experience. If WFNJ customers are non-compliant in this activity and referred back to OWD for sanction, upon return to this activity, following their intent to comply, WFNJ customer's time will pick up where they left off, if there is activity time remaining on the current employability plan. Sub-recipients are responsible for charting progress and monitoring attendance.

Occupational Skills Training:

This activity is designed to prepare WFNJ customers for in-demand occupations in Atlantic County and nearby areas where employment is accessible and should help customers more easily transition to employment with a career path and a life of economic self-sufficiency. This training must include comprehensive workplace training with related instruction that leads to credential attainment. The primary goal of this service is to prepare a foundation for customers to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment. WFNJ customers should receive relevant, short term job training that does not exceed twelve (12) months in duration. ***This training may be provided directly by the sub-recipient as long as the sub-recipient has been certified as a training provider and can be found on the New Jersey Labor and Workforce Development Eligible Training Provider List (ETPL).***

Sub-recipients are required to **counsel WFNJ customers** on current, local labor market trends and assess the customers overall preparedness to enroll in a training program. If the customer's training interest cannot be provided directly by the sub-recipient, it should **refer WFNJ customers** to the One Stop Employment and Training unit, who will in turn assess eligibility for a training grant and assist him/her in accessing occupational skills training programs and funding.

During the initial evaluation period, WFNJ customers may be assessed at a level that allows them to be referred to One Stop Employment and Training unit, and immediately enroll in an occupational skills training program. Likewise, at any time during activity participation, customers may be referred to the One Stop Employment and Training unit for consideration of enrollment in an occupational skills program. In both instances the justification for this training will need to be documented on the Employability Plan. The primary goal of this service is to prepare a foundation for customers to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment.

Occupational Training Placement: In order to receive an occupational training grant, the customer must first complete training eligibility. This eligibility requires the customer to participate in an eligibility screening process which is held every Friday at 11:00 am, on the 2nd floor of the Pleasantville One Stop Career Center. Prior to referral, the sub-recipient will review with the identified customer the required documents to determine eligibility and will provide him/her with a paper that lists those documents. (Eligibility Requirements- ER-1)

Sub-recipients should e-mail the employment and training supervisor, or his/her designated representative, to request that a customer be scheduled for eligibility. The proper documentation must be submitted. Once the information is received, the customer service representatives will determine whether or not the proposed customer can be considered for a training grant. If the customer passes the initial review, he/she will be scheduled for an eligibility review for training grant consideration. Subsequently, the eligibility staff will provide the sub-recipient with a progress spreadsheet that explains where each customer is on their path to a training grant and occupational placement.

Upon completion of the eligibility process, the customer will meet with an employment and training counselor to discuss the additional requirements for obtaining a training grant. Once the contract has been created and authorized and the customer has been placed in the training, a designated employment specialist with the employment and training unit will receive a copy of the customer's time and attendance and monthly evaluation report. This information is shared with the WFNJ case managers for data entry and shall be available for verification. .

NON-CORE ACTIVITIES: (Limits apply to TANF only)

Adult Basic Education:

Referral to Partner Agency Literacy Services. (Universal Literacy Referral Form LIT-1)

Verification includes pre and post assessment scores. (TABE or BEST assessment tools)

Adult basic education is considered a non-core activity for TANF recipients and must be combined with a core activity. (This activity can be combined with another non-core activity as long as the total number of hours for the combination of non-core activities (for TANF only) does not exceed 15 hours/week.) WFNJ customers may participate in this activity for up to 15 hours per week until the outcome is achieved. This activity may include: English as a Second Language, high school equivalency preparation and reading, writing and math remediation. The goal of this activity is to support WFNJ customers in achieving academic progress to increase their educational functional level, obtain their high school equivalency credential and/or fully utilize occupational skills training. GA and SNAP customers may be placed in any activity other than CWEP in order to meet the 30-hour work activity requirement. (This includes literacy, and other non-core activities.)

Life Skills Training:

Customer receives a certificate of completion.

Verification includes pre and post assessment documents demonstrating life skills competency gain.

This service improves the employment prospects of WFNJ customers through activities that focus on positive attitudes towards work, respect for others, showing up for work, being punctual, self-motivation and self initiative, team building and leadership development. For TANF customers, Life Skills Training is considered a non-core activity and must be combined with a core activity. (This activity can be combined with another non-core activity as

long as the total number of hours for the combination of non-core activities (for TANF only) does not exceed 15 hours.) Sub-recipients are responsible for charting progress and monitoring attendance. Sub-recipients are required to conduct assessments and submit pre and post scores. WFNJ customers should receive a Certificate of Completion upon successful achievement of the measured outcome. GA and SNAP customers may be placed in any activity other than CWEP in order to meet the 30-hour work activity requirement. (This includes literacy, and other non-core activities.)

Job Skills Training:

Customer receives a certificate of completion, (contractor will create).

Improvement of one or more workplace competencies

Verification includes pre and post assessments in workplace competencies.

Improvement of one or more digital literacy competencies

Verification includes pre and post assessments of digital literacy competencies.

Sub-recipients must provide this service directly to WFNJ customers. This service offers customers opportunities to enhance certain employment-related skills that reinforce their marketability and employability, such as: digital literacy training (computer applications and navigation of social media networking sites for job search), workplace competencies, financial literacy, customer service, work values, and focused preliminary training targeting current job opportunities aligned with current labor market information. For TANF customers, Job Skills Training is considered a non-core activity and must be combined with a core activity. (This activity can be combined with another non-core activity as long as the total number of hours for the combination of non-core activities (for TANF only) does not exceed 15 hours.) Sub-recipients are required to conduct assessments and submit pre and post scores. Sub-recipients are responsible for charting progress and monitoring attendance. WFNJ customers should receive a Certificate of Completion upon successful achievement of the measured outcomes. GA and SNAP customers may be placed in any activity other than CWEP in order to meet the 30-hour work activity requirement. (This includes literacy, and other non-core activities.)

Sub-recipients are required to utilize the NJCAN online resources. Supplemental curriculum and resources may be utilized.

Section 6: JOB PLACEMENT REFERRAL

As soon as the sub-recipient determines the customer to be ready for employment, or as a retention service for those customers who have found employment independently, the customer will be referred to the Job Placement Service, using the universal job placement referral packet (JP-1). The referral packet will include a copy of the customer's resume', referral packet from the To Work unit, and any additional assessments completed with the sub-recipient. Once the referral is received, the Job Development/Job Placement service will schedule an appointment with the customer to create a job-matching profile and conduct any additional assessments they deem necessary. **The customer will continue in the same work activity, but will attend the job placement activity as part of his/her required hours.** The Job Development/Job Placement sub-recipient will document the customer's attendance with sign-in sign out sheets and will provide those to the work activity sub-recipient. Work activity sub-recipients will be notified when customers are successfully placed for employment.

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SECTION 7: Provider Expectations

Beginning with the assessment process, TANF customers must attend the program for five days a week, seven hours per day. (The New Jersey Work Verification Plan allows for 10 excused absences per year.)
Beginning with the assessment process, GA and SNAP ABAWD customers must attend the program for five days a week, 6 hours per day.

Providers are required to:

- Attend monthly operations meetings with partner agencies.
- Report time and attendance for work activities for the first through the fifteenth of the month and the 16th through the end of the month-within one to three days of each time period.
- Maintain Individualized daily sign in/out timesheets covering the time period.
- Refer all ‘Employment Ready’ customers to the Job Placement Service for employment matches.

Reporting Requirements:

- A. Attendance and Supervision: Hours of participation shall be defined as those hours beginning with the actual start date of the activity to the end of the activity. OWD case managers shall make individual determinations for specific hours of required participation per week.
- B. Attendance reports shall include: daily sign in/out sheets and data entry on the WFNJ-87.
- C. All activities must be supervised at all times daily hours of participation must be monitored; time must be submitted.
- D. Also note that combined work activities should be included on one FSP-87 form. Core and non-core activities should be included on one FSP-87 so actual weekly hours for the current employability plan can be assessed.
- E. Beginning July 1st, 2018, work activity sub-recipients will be responsible for E-time entry. All TANF time sheets must be entered in the E-time system no later than the 7th of the month for the previous month’s work activity.
- F. Verification of daily timesheets signed by participant attesting to all hours of on-site presence.
- G. Daily timesheets must be maintained by the sub-recipient and the worksite, if applicable as an audit trail and must include the signature of the site supervisor and participant.
- H. Awarded sub-recipients must have internet capability on-site.
- I. Attend monthly Operations Meetings
- J. Maintain records for all onsite participants for up to three (3) years.
- K. In the event that a program participant stops attending any work-related activity, the awarded sub-recipient is required to assist with the sanctioning process. Awarded sub-recipients are expected to outreach by phone and use the appropriate pre-approved documents for outreach to a participant a minimum of two (2) times to reconnect them to the program. After the outreach has been conducted with no response, the awarded sub-recipients shall

refer the participant back to the assigned case manager at the OWD to begin the sanctioning process with verification of outreach attempts (Attachment SO-1)

SECTION 8: MONITORING OF YOUR SITE

A requirement of the Atlantic County Office of Workforce Development is monitoring all aspects of contracts/programs. This will include at a minimum, **quarterly site visits**, interviewing and feedback from current and prior instructors and students as well as administrative reviews of all office documents related to participant enrollments.

At any time during normal business hours and as often as the Atlantic County Office of Workforce Development, Internal Monitor, the United States Comptroller General, Auditor General of the State of New Jersey or the New Jersey State Department of Labor and Workforce Development may deem necessary to request that the sub-recipient make available for examination, all of its records pertinent to programs funded by the Atlantic County Office of Workforce Development. As such, the Monitoring Unit shall have access to all staff, and the right to copy any books, accounts, records (including computer records), correspondence, or other documents that pertain to current or prior participants. The One Stop also has the authority to dispatch auditors of its choosing to any site where any phase of the program is being conducted, controlled or advanced in any way.

The monitoring staff of ACOWD will monitor grant awardees quarterly in order to assess sub-recipients compliance with program and contract requirements, assure quality control and assess progress toward LOS attainment and performance metrics. In addition, the County of Atlantic shall provide to the sub-recipient, consultation and technical assistance for the duration of the contract. The County shall also perform fiscal management reviews to oversee the management of funds provided to sub-recipients. The County reserves the right to make on-site visits to review financial and programmatic management activities.

In order to complete reviews in a timely manner, we ask that the following be available on the day of the review:

- Appropriate staff attendance at the entrance and exit interview;
- Accessibility to customer records and copier, if needed, as well as
- Workspace for your assigned Monitor

During this review, at a minimum, your assigned Program Monitor shall:

- Examine records and interview participants enrolled during the current Program Year 2018. These files will be randomly selected and 10% of the caseload reviewed; Contracted sub-recipients wherein there are less than twenty (20) participants, may have up to 20% of the files reviewed.
- Interview current instructor(s);
- Conduct a facility review;
- Attend onsite classes/workshops/seminars;
- Visit work and activity sites associated with the grant; and

Providers are required to complete questionnaires in advance of the site visit. Sub-recipients are also responsible to make arrangements for the students to meet with the Program Monitor to complete questionnaires in person on the day of the scheduled visit. The monitor may request copies of resumes to verify qualification of instructor(s).

Providers are expected to create and maintain an onsite file for a minimum of three (3) years for each participant that is enrolled in a funded program. This file shall be monitored at minimum of once during a program year and shall consist of at a minimum:

- a) Copy of initial and updated IRP;
- b) Copy of Referral Packet,
- c) Copies of documents for performance-based verification
- d) Copy of the outreach form;
- e) Copies of FSP-87 form and daily sign in/out timesheets ;
- f) Referrals to other service agencies;
- g) Monthly to quarterly participant evaluations;
- h) Copy of any disciplinary actions;
- i) Copies of any communication between the sub-recipient and participant and/or the sub-recipient and the OWD regarding the customer.

Whenever as a result of financial and compliance audits, monitoring or procurement reviews, the One Stop determines there is a violation of a specific provision of the provider agreement or the Act, the provider will be notified by the Monitor through mail/email and asked to rectify identified citations immediately. This may consist of a monitoring report with a Corrective Action outline, a letter or other form of communication. Should the provider fail to respond or implement corrective action, the One Stop may choose to terminate any or all applicable existing or future agreements.

If a site visit results in a violation of a specific provision, the Monitor shall schedule a follow-up site visit to determine compliance. If at that time the provider has not corrected the violation(s), the sanctioning process will begin, in which outstanding and future payment(s) to the provider will cease until such a time as the provider remedies the violation and provides any requested materials/documents to the Program Monitor. In some cases, the Monitor may request a meeting and/or ask for a Corrective Action Plan. The provider shall be asked to submit a written plan to correct the violation(s). Failure to respond may result in the Atlantic County Office of Workforce Development choosing to terminate any or all applicable existing or future agreements, resulting in the de-obligation of current funds and possible exclusion from consideration of any future funding from the Atlantic County Office of Workforce Development. In any case, each visit and the subsequent findings will be documented in the provider file and submitted to the designated authority.

A. Client Information		Case Type: TANF <input type="checkbox"/> GA <input type="checkbox"/> SNAP <input type="checkbox"/>	
Name:		Date:	
E-mail:		Last 4 SSN:	
Case Manager:		Case Num:	

B. Client Evaluations	
Current Education Level	
<input type="checkbox"/> Less than high school	<input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> other

Certificates / Credentials: _____
(These include any certificate/credential/license that enhances a client's employability)

TABE Assessment:	Date:	Career/Work Readiness Assessment:	Date:
Reading	Math	Test Name:	
		Pre-Test Score:	Post:

C. Barriers To Employment:			
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D. Activities

Goal 1:			
Activity:		Start Date:	
Location:		Hours:	Weeks:
Contact:		Phone:	
Activity: <i>(WFNJ Only)</i>	<input type="checkbox"/> GJOB <input type="checkbox"/> CWEP <input type="checkbox"/> BREM	<input type="checkbox"/> OCCU <input type="checkbox"/> COOP <input type="checkbox"/> CLPT <input type="checkbox"/> CLPF	
	<input type="checkbox"/> PVSE <input type="checkbox"/> PBSE <input type="checkbox"/> SBP <input type="checkbox"/> VOCR	<input type="checkbox"/> ESL <input type="checkbox"/> CARO <input type="checkbox"/> EMP <input type="checkbox"/> GED	

Goal 2:			
Activity:		Start Date:	
Location:		Hours:	Weeks:
Contact:		Phone:	
Activity: <i>(WFNJ Only)</i>	<input type="checkbox"/> GJOB <input type="checkbox"/> CWEP <input type="checkbox"/> BREM	<input type="checkbox"/> OCCU <input type="checkbox"/> COOP <input type="checkbox"/> CLPT <input type="checkbox"/> CLPF	
	<input type="checkbox"/> PVSE <input type="checkbox"/> PBSE <input type="checkbox"/> SBP <input type="checkbox"/> VOCR	<input type="checkbox"/> ESL <input type="checkbox"/> CARO <input type="checkbox"/> EMP <input type="checkbox"/> GED	

Goal 3:			
Activity:		Start Date:	
Location:		Hours:	Weeks:
Contact:		Phone:	
Activity: <i>(WFNJ Only)</i>	<input type="checkbox"/> GJOB <input type="checkbox"/> CWEP <input type="checkbox"/> BREM	<input type="checkbox"/> OCCU <input type="checkbox"/> COOP <input type="checkbox"/> CLPT <input type="checkbox"/> CLPF	
	<input type="checkbox"/> PVSE <input type="checkbox"/> PBSE <input type="checkbox"/> SBP <input type="checkbox"/> VOCR	<input type="checkbox"/> ESL <input type="checkbox"/> CARO <input type="checkbox"/> EMP <input type="checkbox"/> GED	

E. Signatures

Client:		Type Name:		Date:	
Counselor:		Type Name:		Date:	
WFNJ Rep:		Type Name:		Date:	

WORK FIRST NEW JERSEY INDIVIDUAL RESPONSIBILITY PLAN FOR MANDATORY WORK PARTICIPATION

Participant Name: _____

Case Number: _____

() Adult () Minor Parent () Dependent Child (16 years of age or older)

SSN: _____

Have the Child Support and the work requirement deferral options been presented to the participant? (YES) (NO)

ACTIVITY

 Location: _____
 Contact Person: _____
 Telephone Number: _____
 Starting Date: _____ Ending Date: _____
 Days per week (Please Circle) Monday Tuesday Wednesday Thursday Friday Sat. Sun.
 Daily Starting Time: _____ Daily Ending Time: _____
 Number of weeks in the Activity: _____
 Other _____

I understand that the WFNJ program requires that I complete an Individual Responsibility Plan (IRP) with my WFNJ agency representative and complete the assigned activities on my IRP. The IRP may include a work activity assignment WFNJ program eligibility requirements and/or voluntary participation activities.
I agree to complete the activity listed above. If I cannot attend an activity, assignment, or scheduled appointment I will report this to my WFNJ representative named below prior to my scheduled time or as soon as I can if I am unable to beforehand due to an emergency.
I understand that if I do not complete the plan of action listed above and I cannot show good cause as to why I did not follow the plan, my noncompliance shall result in a loss of cash assistance and could also affect my Food Stamp eligibility.

 PARTICIPANT SIGNATURE DATE

 WFNJ REPRESENTATIVE DATE
 Telephone Number: _____

ACTIVITY: (Please circle) WFNJ program eligibility/voluntary activity

 Location: _____
 Contact Person: _____
 Telephone Number: _____
 Starting Date: _____
 Starting Time: _____
 Days Per Week (Please Circle) Monday Tuesday Wednesday Thursday Friday Sat. Sun.
 Are Supports required? (Please Circle)
 Transportation yes no Child Care yes no
 Other: _____

I understand that the WFNJ program requires that I complete an Individual Responsibility Plan (IRP) with my WFNJ agency representative and complete the activities on my IRP. The IRP may include work activity assignments, WFNJ program eligibility requirements and /or voluntary participation activities.
I agree to complete the activity listed above. If I cannot attend the activity, assignment or scheduled appointment, I will report this to my WFNJ representative named below prior to my scheduled time or as soon as I can if I am unable to beforehand due to an emergency.
I understand that if I fail to complete an assignment that is a WFNJ program eligibility requirement, and I cannot show good cause as to why, some or all of my family may be ineligible for WFNJ benefits; failure to complete a voluntary activity will not be penalized.

 PARTICIPANT SIGNATURE DATE

 WFNJ REPRESENTATIVE DATE
 Telephone Number: _____

WORK ACTIVITIES

WFNJ ELIGIBILITY REQUIREMENT/ VOLUNTARY ACTIVITY

For Office Use Only- (Please circle appropriate response)		COPY to Participant I ORIGINAL document to Agency File.	
Above Supports Referred?	YES N/A	NO (if no, why)	_____
IRP coordinated with EA service plan?	YES N/A	NO (if no, why)	_____
Activity Completed?	YES NO	Date of Completion:	_____
If NO, reason for non-completion: _____			

Work Activity: _____

Bi-Weekly Sign In/Sign Out Sheet

Program Vendor: _____

Address: _____

Counselor: _____

Phone: _____

(Check one)		
<input type="checkbox"/> WFNJ	TANF	GA SNAP
<input type="checkbox"/> OSY		
<input type="checkbox"/> E&T		

Work Site: _____

Address: _____

Supervisor: _____

Phone Number: _____

Fax Number: _____

Employee: _____

Sign In Signature	Day	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Sign Out Signature	Supervisors Initials
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Week # 1 Total Hours

Sign In Signature	Day	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Sign Out Signature	Supervisors Initials
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Week # 2 Total Hours

Start Date: _____

Anticipated End Date: _____

Employee Signature

Date

to this form. (Doctors' Note, Child Care Note, etc.)

Worksite Supervisor Signature

Date

DOCUMENTATION OF OUTREACH CONTACT

Name: _____ _____	Phone#: _____
Case#: _____ _____	Provider's Name: _____
Activity: _____	CSA Completed: Yes No <input type="checkbox"/> <input type="checkbox"/>
First Outreach Date: _____	Time: _____
No Answer _____	No Answer- Left Message _____
_____ Physically or mentally unable to attend. (GOOD CAUSE) INFORM A documented medical form (med-1) must be completed by your Doctor and submitted prior to this being an excused absence; or	
_____ Due to other acceptable reason. (Doctor's note may be required)	
_____ The conditions of the activity are a risk to my health and safety. (GOOD CAUSE) <u>ASK</u> Why do you feel this way?	
_____ Child care is needed and not available. (GOOD CAUSE) INFORM customer that documentation of such is needed from the Case Manager in order for this to be considered as an excused absence.	
_____ I am a victim of Family Violence. (GOOD CAUSE) INFORM customer that they <u>must</u> contact their case worker at the Workforce Development Division, and complete a Family Violence Waiver in order for this to be considered an excused absence.	
_____ OTHER: _____	

Second Outreach Date: _____	Time: _____
No Answer _____	No Answer- Left Message _____
_____ Physically or mentally unable to attend. (GOOD CAUSE) INFORM A documented medical form (med-1) must be completed by your Doctor and submitted prior to this being an excused absence; or	
_____ Due to other acceptable reason. (Doctor's note may be required)	
_____ The conditions of the activity are a risk to my health and safety. (GOOD CAUSE) <u>ASK</u> Why do you feel this way?	
_____ Child care is needed and not available. (GOOD CAUSE) INFORM customer that documentation of such is needed from the Case Manager in order for this to be considered as an excused absence.	
_____ I am a victim of Family Violence. (GOOD CAUSE) INFORM customer that they <u>must</u> contact their case worker at the Workforce Development Division, and complete a Family Violence Waiver in order for this to be considered an excused absence.	
_____ OTHER: _____	

**WORK ACTIVITY
ATTENDANCE FORM**
(For One or Two Activities)

TANF
GA

Work Activity Vendor or Site Supervisor

Participant Name

Address of Activity Site Location

Case Number

Federal Identification Number (FEIN)

Dear Colleague:

Please fill out the WFNJ Participant's Attendance in your class. RETURN THIS FORM TO THE AGENCY REPRESENTATIVE ACCORDING TO THE FOLLOWING TIME FRAMES. FOR DAY 1-15, RETURN BY THE 20TH OF THE SAME MONTH. FOR DAYS 16 TO THE END OF THE MONTH, RETURN BY THE 5TH OF THE FOLLOWING MONTH.

This form will be used to verify hours of attendance at a WFNJ work activity and the participant's need for support services.

Please use the following values for each day:

of hours attended with values **no less than ½ hour increments** (Recorded in A-Row)

of hours excused (Recorded in E-Row)

U = Unexcused Absence Day; H = Holiday; N = Not an Activity Day (Recorded in A-Row)

Month: _____ Year: _____

Activity Code for first activity _____ Agreement Number for first activity _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A															
E															

Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A																
E																

If participant is participating in two activities at the same site, record the second activity below

Activity Code for second activity _____ Agreement Number for second activity _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A															
E															

Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A																
E																

I certify that the above information is accurate and correct.

Name, Title and phone number of person completing this form

Date

Return to: _____

Agency Representative and Phone Number

Agency Address

Information concerning applicants or recipients of the Work First New Jersey program shall not be disclosed except for purposes directly connected with the administration of the Work First New Jersey program, pursuant to N.J.S.A. 44: 10-47 ad implementing regulations. Any person or entity under contract to provide services to the program also must comply with the law and regulations.

PROOF OF AGE/BIRTH DATE

Baptismal Record
 Birth Certificate
 DD-214, Report of Transfer or Discharge
 Hospital Record of Birth
 Drivers License, Federal, State or Local ID Card
 Passport
 Public Assistance/ Social Service Records
 School Records / Identification Card
 Work Permit

SOCIAL SECURITY NUMBER

DD-214, report of Transfer or Discharge
 Driver's License
 Employment Records
 IRS Form Letter 1722
 Letter from Social Services Agency
 Paystub
 Social Security Benefits or Social Security Card
 W-2 Form

CITIZENSHIP/ ALIEN STATUS

Alien Registration Card Indicating Right to Work
 (INS Forms I-151, I-551, I-94, I-688A, I-197, I-179)
 Baptismal Certificate or Hospital Record of Birth
 DD-214 (If place of birth is shown)
 Food Stamp Records
 Foreign Passport Stamped Eligible to Work
 Naturalization Certification
 Public Assistance Records
 U.S. Passport

SELECTIVE SERVICE REGISTRATION

Acknowledgement letter
 Contact Selective Service @ 847-688-6888 "or"
 Through the SS website @ www.sss.gov
 DD-214 Report of Transfer or Discharge
 Selective Service Letter or Registration Card
 Selective Service Registration Record (Form 3A)
 Selective Service Verification Form
 Stamped Post Office Receipt of Registration

SCHOOL DROPOUT

Applicant Statement
 Statement Letter from Individual's School regarding Status

Family Size

Birth Certificates
 Federal Income Tax transcript

CASH, PUBLIC ASSISTANCE/ FOOD STAMPS

Copy of Authorization to Receive Cash Public Assistance
 Copy of Public Assistance
 Postmarked Food Stamp Mailer with Name & Address
 Refugee Assistance Records
 Public Assistance Identification Card showing Cash grant status
 Authorization to Obtain Food Stamps

INDIVIDUAL & FAMILY INCOME

Alimony Agreement
 Applicant Statement (self-certification)
 Award Letter (Social Security or Veterans Admin)
 Copy of Social Security or Veterans Admin check
 Bank Statements (Direct Deposit)
 Compensation Award Letter
 Employer Statement/ Contact
 Farm or Business Financial Records
 Housing Authority Verification
 Pay Stubs, Pension Statement
 Public Assistance Record
 Quarterly Estimated Tax-Self-Employed Persons
 (Schedule C with 1040)
 Social Security Benefits
 Unemployment Documents and/or printout

SUPPORTED FOSTER CHILD

Court Contact and/or Court Documentation
 Medical Card
 Verification of Payments on behalf of Child
 Written Statement from State/ Local Agency

INDIVIDUALS W/ DISABILITIES

Letter from Drug/Alcohol Rehabilitation Agency
 Letter from Child Study Team w/ Disability
 Medical Records
 Observable Condition w/ Applicant Statement
 Physician's Statement/ Diagnosis
 Rehabilitation Evaluation
 School Records

Sheltered Workshop Certification

Social Security Records/ Referral
 Veteran Administration Letter / Records
 Vocational Rehabilitation Letter
 Worker's Compensation Records
 Social Security Administration Disability Record

HOMELESS/RUNAWAY YOUTH

Applicant Statement
 Written Statement from persons providing shelter

OFFENDER

Applicant Statement
 Court Documents
 Letter of Parole or Probation
 Halfway House Resident
 Police Records

**Atlantic County Office of Workforce Development
Universal Literacy Referral**

Name: _____ Date _____

Social Security Number _____ Fund Type Circle One: GA TANF WIA

Initial TABE Scores: Reading _____ Math _____ Language _____ Spelling _____

Current Interest: _____ Training in _____

Referred by: _____ Phone: _____ ext. _____

- Scores of 3.9-6.0 Learning Lab, One Stop 2nd floor, room 206 609-485-0052 ext.4885
 - Scores of 6.1-12.9 Learning Link, One Stop 2nd floor, room 204 609-813-2363
 - Scores of 9.0+ HSE/TASC Prep Program, One Stop 2nd floor, room 204 609-813-2363
-

Referral from Learning Lab

Workfirst student change Fein# from (ACCC) Lab to (STATE) Link

Referral Date: _____ Total Hours Completed in Lab: _____

Referred by: _____ Phone: _____

- Scores of 6.1-12.9 Learning Link, One Stop 2nd floor, room 204 609-813-2363
- Scores of 9.0+ HSE/TASC Prep Program, One Stop 2nd floor, room 204 609-813-2363
 - Paperwork already completed
 - Paperwork required
- Referred to training: _____

Reading Scores: _____ Math Scores: _____ Date of TABE: _____

Referral from Learning Link to HSE/TASC Program

Referral Date: _____ Total Hours Completed in Link: _____

Referred by: _____ Phone: _____

Reading Scores: _____ Math Scores: _____ Date of TABE: _____

- Scores of 9.0+ HSE/TASC Prep Program, One Stop 2nd floor, room 204 609-813-2363
 - Paperwork already completed
 - Paperwork required

JOB DEVELOPMENT REFERRAL

PART I.

Date Referred: _____

Customer Name: _____ Customer Phone #: _____ AOSOS ID: _____

From: Adult Dislocated Youth Other _____ Customer E-mail: _____

SNAP TANF GA Case Number: _____

Referred By: _____ Phone Number: _____

Check this box if Customer Eligibility has been verified (Please attach Required Form(s); See page 4 of the Job Development/Placement/Retention Services Manual)

Referred to: _____ _____

To be completed by the Atlantic County Office of Workforce Development-Monitoring Unit

Referral Packet: Cover Letter Resume Other (Please List) _____

Incentive Eligibility: WFNJ OJT/Subsidized Employmt. _____

PART II.

The above named customer has been accepted or declined. Give reason if customer declined:

Customer Signature _____ Date _____

Agency Representative Signature _____ Date _____

PART III.

The above named customer has completed the required 4 week job search . The customer was unable to find suitable and sustainable employment during that time. Please give details that prevented customer from finding employment (i.e. Lacking skills or experience, in need of training, or not employable due to ...). Provide all documentation for customer's activity (i.e. work search records and/or interviews scheduled).

The above named customer is being exited from our program as of _____ because:

The above named customer has found employment. Employer Name: _____

Date of Hire: _____ Starting Wage: _____ Job Title: _____ Hours/Wk: _____

Customer Signature _____ Date _____

Agency Representative Signature _____ Date _____

Job Retention Outcomes		
	Initials	Date
<input type="checkbox"/> 30 Day	_____	_____
<input type="checkbox"/> 60 Day	_____	_____
<input type="checkbox"/> 90 Day	_____	_____