



FSSP

Family Self-Sufficiency Plan



Michigan.gov

The Official State
of Michigan Website

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Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST [REDACTED] (Fallout)
4. Reports
5. Actual Hours Summary
6. DLEG/MIS

**Click on Menu item #1 begin creating/updating FSSP.
Clicking Exit from the Main menu will return you to LOA2.**



FSSP

Family Self-Sufficiency Plan



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FSSP Search

Help Exit

Case Number: [redacted] A

Payment Effective Date: 10/1/2006

Penalty Count: 0

Outstanding Records: 0

Sanction Begin Date:

Sanction End Date:

FSSP Home

Name	Client ID	Birth Date	FAST		FIP/RAP Status	PSF Status	Emp. Code	FSSP
			Notice	Completed				
NICKOLE A	001	06/04/			ACTIVE	INACTIVE	WF	<input type="button" value="Edit"/>
SEANDREA	00:	01/21/			ACTIVE	INACTIVE	CH	N/A

If this column is blank then the FAST has NOT been completed.

Click on the Edit button to create or update the plan.



FSSP Family Self-Sufficiency Plan

Submit a bug

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FSSP Home

Help Exit

Name: [] NICKOLE A

DOB: 06/04/[]

Required Hours: 20

Client ID: []

Gender: F

Planned Hours: 0

Case Number: []

Contact Number: 517-444-4445

Client Information

Participation & Compliance

Strengths & Abilities

Barriers & Referrals

Goals & Activities

Personal Contract

Contact Information

Personal Characteristics

Vocational History

Client Contact Information

Print

Street:	924 MIDDLE ST	Apt/Lot #:	
City:	LANSING	State:	MI
Phone Number # 1:	(517)- 444 - 4445	Type:	Home <input type="checkbox"/> Work <input type="checkbox"/>
Phone Number # 2:	()- -	Type:	Cellular <input type="checkbox"/> Message <input type="checkbox"/>
		Zip Code:	48915
		Primary:	<input checked="" type="radio"/>
		Primary:	<input type="radio"/>

Comments

Add comments here – Click the Save button to save your entered comments.

Save



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FSSP Home

Help Exit

Name: NICKOLE A

DOB: 06/04/

Required Hours: 20

Client ID:

Gender: F

Planned Hours: 0

Case Number:

Contact Number: 517-444-4445

Client Information

Participation & Compliance

Strengths & Abilities

Barriers & Referrals

Goals & Activities

Personal Contract

Contact Information

Personal Characteristics

Vocational History

Add

Work History

Print

Date Entered	Entered By	Employer Name	Position	Begin Date	End Date
--------------	------------	---------------	----------	------------	----------

Add

Education History

Print

Date Entered	Entered By	Institution	Program/Class	Degree/Certification	Begin Date	End Date
--------------	------------	-------------	---------------	----------------------	------------	----------

Add

Testing Results

Print

Date Entered	Entered By	Test Date	Test Name	Subject	Score
--------------	------------	-----------	-----------	---------	-------

Click to Add information in these areas



FSSP Family Self-Sufficiency Plan

[Submit a bug](#)[FSSP Home](#)[? Help](#) [X Exit](#)

Name:	NICKOLE A	DOB:		Required Hours:	20
Client ID:		Gender:	F	Planned Hours:	24
Case Number:		Contact Number:	517-335-9999		

- Client Information
- Participation & Compliance**
- Strengths & Abilities
- Barriers & Referrals
- Goals & Activities
- Personal Contract

Participation

[Print](#)

Countable Months	Planned Hours			Countable Hours
	Core	Non-Core	Other	
34	20	4	0	24

FAST Notice Date Entry

A FAST Notice Date was not found on record for this client. If the client was sent a FAST Notice, enter the date now to be permanently saved.

FAST Notice Date:

Warning

You must enter **ALL** noncompliances without good cause that occurred on or after April 1, 2007 from the Excel Spreadsheet for this **CASE** in chronological order before entering any new records of noncompliance for this individual.

Record of Noncompliance

Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Outcome	Date of Determination
-----------------------	------	-----------	----------------	-----------------	---------	-----------------------

Penalties Against Case

Name	Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Date of Determination
------	-----------------------	------	-----------	----------------	-----------------	-----------------------



FSSP Family Self-Sufficiency Plan

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FSSP Home

Help Exit

Name: [redacted] NICKOLE A

DOB: [redacted] 4

Required Hours: 20

Client ID: [redacted]

Gender: F

Planned Hours: [redacted]

Case Number: [redacted]

Contact Number: 517-335-9999

Client Information

Participation & Compliance

Strengths & Abilities

Barriers & Referrals

Goals & Activities

Personal Contract

Add

Strengths & Abilities

Print

	Date Entered	Source	Entered By	Type	Strength / Ability
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You have a valid driver's license
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You have a current picture ID
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You have a social security card
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You completed grade 10 in school.
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You have no legal barrier to employment
<input type="checkbox"/>	07/26/2006	FAST	Client	Employment	You would take a drug test for employment

Strengths may be pre-filled if the FAST has been completed.



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Family Self-Sufficiency Plan

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[FSSP Home](#)
[? Help](#) [X Exit](#)

Name:	NICKOLE A	DOB:	4	Required Hours:	20
Client ID:	9	Gender:	F	Planned Hours:	
Case Number:		Contact Number:	517-335-9999		

- Client Information
- Participation & Compliance
- Strengths & Abilities
- Barriers & Referrals**
- Goals & Activities
- Personal Contract

Referrals

Date Entered	Source	Entered By	Potential Referral
<input type="checkbox"/> 07/26/2006	FAST	Client	Assessment of need for professional help for child
Date Entered:	07/26/2006	Potential Referral:	Assessment of need for professional help for child
Source:	FAST		
Entered By:	Client		
Comments			
<div style="border: 1px solid gray; padding: 5px;"> After discussion with client, client decided to call Child and Family Services, Capital Area Lansing, MI 48911 to seek help </div>			
<input type="button" value="Save"/>		<input type="button" value="Delete"/>	<input type="button" value="Cancel"/>



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Name:	NICKOLE A	DOB: 06/04/	Required Hours: 20
Client ID:		Gender: F	Planned Hours: 0
Case Number:		Contact Number: 517-444-4445	

Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Goals	Core Activities	Non-Core Activities	Other Activities		

Goals

Date Entered	Type	Statement	Begin Date	Target Date	End Date
--------------	------	-----------	------------	-------------	----------

Goals History

Date Entered	Type	Statement	Begin Date	Target Date	End Date
--------------	------	-----------	------------	-------------	----------



FSSP Family Self-Sufficiency Plan

[Submit a bug](#)[FSSP Home](#)[? Help](#) [X Exit](#)

Name:	NICKOLE A	DOB: 06/04/	Required Hours: 20
Client ID:		Gender: F	Planned Hours: 0
Case Number:		Contact Number: 517-444-4445	

Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Goals	Core Activities	Non-Core Activities	Other Activities		

Goals

[Print](#)

Date Entered:	5/17/2007	Type:	<input type="checkbox"/> Education and Training
Entered By:	koutsoubosl		<input checked="" type="checkbox"/> Employment
Status:	Planned		<input type="checkbox"/> Family Strengthening
Begin Date:	In Progress		Statement:
Target Date:	Completed		
End Date:	Abandoned		

Comment

[Save](#) [Cancel](#)

Date Entered	Type	Statement	Begin Date	Target Date	End Date
--------------	------	-----------	------------	-------------	----------

Goals History

Date Entered	Type	Statement	Begin Date	Target Date	End Date
--------------	------	-----------	------------	-------------	----------



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FSSP Home

Help Exit

Name: [REDACTED] NICKOLE A **DOB:** 06/04/[REDACTED] **Required Hours:** 20
Client ID: [REDACTED] **Gender:** F **Planned Hours:** 0
Case Number: [REDACTED] **Contact Number:** 517-444-4445

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals **Goals & Activities** Personal Contract

Goals **Core Activities** Non-Core Activities Other Activities

Current Activities Add Print

Date Entered	Type	Activity / Description	Begin Date	Target Date	End Date
--------------	------	------------------------	------------	-------------	----------

Activities History

Date Entered	Type	Activity / Description	Begin Date	Target Date	End Date
--------------	------	------------------------	------------	-------------	----------

MINIMUM 20 CORE HOURS PER WEEK.

Goals

Core Activities

Non-Core Activities

Other Activities

Current Activities

Print

Date Entered : 5/21/2007

Source: FSSP

Entered By: koutsoubosl

Type: Education and Training

Status: Planned

Begin Date:

Target Date:

End Date:

Planned Hours/wk:

Actual Hours for Week(s):

Activity: Vocational Education Training

Program: Unsubsidized Employment

Location: Subsidized Private or Public Sector Employment

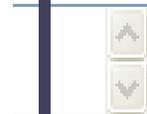
Description: Job Search/Job Readiness

Work Experience

On-the-Job Training

Community Service Programs

Child Care Provider for a Community Service Participant



Comment

Click on the Drop-down box to display all activities.

Save

Cancel



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Name: NICKOLE A

DOB: 06/04/

Required Hours: 20

Client ID:

Gender: F

Planned Hours: 20

Case Number:

Contact Number: 517-444-4445

Client Information

Participation & Compliance

Strengths & Abilities

Barriers & Referrals

Goals & Activities

Personal Contract

Goals

Core Activities

Non-Core Activities

Other Activities

[Add](#)

Current Activities

[Print](#)

Date Entered	Type	Activity / Description	Begin Date	Target Date	End Date
<input type="checkbox"/> 05/17/2007	Employment	Community Service Programs / Assist Secretary with filing and church mailings	04/29/2007	05/20/2007	

Date Entered : 05/17/2007
Source: FSSP
Entered By: koutsoubosl
Type: Employment
Status: In Progress
Begin Date: 04/29/2007
Target Date: 05/20/2007
End Date:

Activity: Community Service Programs
Employer: Good Shepard
Position: P.T. Secretary
Wage: 0
City: Lansing
State: Michigan
Description: Assist Secretary with filing and church m
4/29/2007 - 5/5/2007
5/6/2007 - 5/12/2007
5/13/2007 - 5/19/2007

Planned Hours/wk: 20
Actual Hours for Week(s): Week Covered: 4/29/2007 - 5/5/2007
Entered Hours: 0

Hours: 20 [Save Week](#)

Enter the Actual Hours for Week(s) Covered. Choose a Week from the Week Covered field, enter number of actual hours for that week and click Save Week.

[Save](#)[Delete](#)[Cancel](#)



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Help Exit

Name: NICKOLE A

DOB: 06/04/

Required Hours: 20

Client ID:

Gender: F

Planned Hours: 20

Case Number:

Contact Number: 517-444-4445

Client Information

Participation & Compliance

Strengths & Abilities

Barriers & Referrals

Goals & Activities

Personal Contract

Goals

Core Activities

Non-Core Activities

Other Activities

Current Activities

Print

Date Entered: 5/17/2007

Source: FSSP

Entered By: koutsoubosl

Type: Education and Training

Status: Planned

Begin Date:

Target Date:

End Date:

Planned Hours/wk:

Actual Hours for Week(s):

Activity: High School Completion/GED

Program: Education Directly Related to Employment

Job Skills Training Directly Related to Employment

Location:

Description:

Choose an activity

Comment

Enter information about the Activity

Save

Cancel

Date Entered

Type

Activity / Description

Begin Date

Target Date

End Date



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[Submit a bug](#)[FSSP Home](#)[? Help](#) [X Exit](#)

Name: NICKOLE A	DOB: 06/04/	Required Hours: 20
Client ID:	Gender: F	Planned Hours: 30
Case Number:	Contact Number: 517-444-4445	

Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Goals	Core Activities	Non-Core Activities	Other Activities		

Current Activities

[Print](#)

Date Entered : 5/17/2007	Activity: Caring for a Disabled Relative
Source: FSSP	Description: Parenting Class/Program
Entered By: koutsoubosl	Self Esteem Building
Type: Family Strengthening	Life Skills
Status: Planned	Conflict Resolution
Begin Date:	Child Nurturing
Target Date:	Family/Individual Counseling
End Date:	Early On Service Plan Activities
Planned Hours/wk:	Substance Abuse Treatment
Actual Hours for Week(s):	Crisis Resolution
	Addressing Domestic Violence
	Complying with Treatment Plan
	Establishing Eligibility for Disability
	Michigan Rehabilitation Services
	Securing Adequate Child Care
	Other

[Save](#) [Cancel](#)

Date Entered	Type	Activity / Description	Begin Date	Target Date	End Date
--------------	------	------------------------	------------	-------------	----------

Activities History

Date Entered	Type	Activity / Description	Begin Date	Target Date	End Date
--------------	------	------------------------	------------	-------------	----------



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FSSP Home

Help Exit

Name:	NICKOLE A	DOB:	4	Required Hours:	20
Client ID:		Gender:	F	Planned Hours:	20
Case Number:		Contact Number: 517-335-9999			

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals Goals & Activities **Personal Contract**

Workers Tasks All Sections & Comments All Sections Contract Agreements

Add

Actions to be taken by Workers

Print

	Date Entered	Tasks	Agency / Worker	Status	Begin Date	Target Date	End Date
--	--------------	-------	-----------------	--------	------------	-------------	----------

Documented Case Manager Actions and displays agreed upon Goals and Activities.

Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Workers Tasks		All Sections & Comments		All Sections	Contract Agreements

Goals

Print

Date Entered	Type	Goals	Status	Begin Date	Target Date
--------------	------	-------	--------	------------	-------------

Education and Training Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
5/17/2007	Non_Core	High School Completion/GED / Need to take GED exam	10	Planned	5/27/2007	6/29/2007

Employment Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
5/17/2007	Core	Community Service Programs / Assist Secretary with filing and church mailings	20	In Progress	4/29/2007	5/20/2007

Family Strengthening Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
--------------	----------	------------	----------------	--------	------------	-------------

Actions to be taken by Workers

Date Entered	Tasks	Agency	Status	Target Date	End Date
5/17/2007	LIST THE SPECIFIC TASKS YOU WILL DO: CONTACT CLIENT, PROVIDE BUS TOKENS, etc.	DHS	Planned	6/25/2007	

PERSONAL CONTRACT
Family Self Sufficiency Plan
 Michigan Department of Human Services

Client Name:	NICKOLE A	Date of Birth: 06/04/	Required Hours: 20
Client ID:	9	Gender: Female	Planned Hours: 30
Case Number:	.	Contact Number: 517-444-4445	Additional Hours: 0

Goals

Date Entered	Type	Goals	Status	Begin Date	Target Date
--------------	------	-------	--------	------------	-------------

Education and Training Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
5/17/2007	Non_Core	High School Completion/GED / Need to take GED exam	10	Planned	5/27/2007	6/29/2007

Employment Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
5/17/2007	Core	Community Service Programs / Assist Secretary with filing and church mailings	20	In Progress	4/29/2007	5/20/2007

Family Strengthening Activities

Date Entered	Category	Activities	Hours per week	Status	Begin Date	Target Date
--------------	----------	------------	----------------	--------	------------	-------------

Actions to be taken by Workers

Date Entered	Tasks	Agency	Status	Target Date	End Date
5/17/2007	LIST THE SPECIFIC TASKS YOU WILL DO: CONTACT CLIENT, PROVIDE BUS TOKENS, etc.	DHS	Planned	6/25/2007	

Date	Signatures	Agency, if applicable
	Obtain Client signature (if possible), specialist signature.	
	Give copy to client, copy for case record.	

During the time that you are receiving cash assistance from the FIP or RAP, you are expected to engage in the activities agreed to in this contract. If you have difficulty doing these activities as planned, let your DHS or your WF/JET worker know the same day or as soon as you can. Otherwise, noncompliance with the agreed upon activities could result in case closure.

Authority: PA 323 of 2005 (MCL 400.57e), 45 CFR 261.12 Response: Required Penalty: Failure to complete this plan could result in case closure.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs, or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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FSSP Home

Help Exit

Name: NICKOLE A

DOB: 06/04/

Required Hours: 20

Client ID:

Gender: F

Planned Hours: 30

Case Number:

Contact Number: 517-444-4445

Client
Information

Participation &
Compliance

Strengths &
Abilities

Barriers &
Referrals

Goals &
Activities

Personal
Contract

Workers Tasks

All Sections & Comments

All Sections

Contract Agreements

Client Contract Agreement Dates

Print

Date Entered : 5/17/2007

Entered By: koutsoubosl

Agreement Date: 05/17/2007

Comment

Today Ms. Nickole has agreed to participate in the activities as outlined in this plan.

Save

Cancel

The initial development of the Plan is considered complete when a date is entered in this section the first time.



- Applicant Search
- Case Management
- Help/Info
- Special Functions
- OSMIS

Welfare Reform

Update Welfare Registration

[Access DHS-FSSP](#)

NAME: [Redacted] **MWA Referral Type:** Work First Referral - **Current Staff:** DEBORAH R WATSON
Customer ID: [Redacted] **Client/Recipient ID#:** [Redacted] **Current Staff Location:** City of Detroit E&T
Case Number: [Redacted] **FIP Family Status:** (1) Single Parent Family **FIP Previous Family Status:** None
Receiving TANF: Y **Thirty Months:** Y **Exhausted Receipt of TANF:** N
Former Foster Child: N **Welfare to Work:** N **Related Prg:** N

Referral Information

Client/Recipient ID: [Redacted]
Referral Type: Work First Referral - 1
FIP Family Status: (1) Single Parent Family
FIA Case Number [Redacted]

Contact Information

Last Name [Redacted] **First Name** ANGELA **MI** [Redacted]
Address [Redacted] **City** DETROIT **State** MI **Zip** 48202

Mediated Services Site - Microsoft Internet Explorer

FSSP Login - Microsoft Internet Explorer

Address https://services.michworks.org/mis/fssp/web_fssp.SubmitRequest?app=OSMIS&en=311022-10519974&sn=1005059&uid=WATSOND&rn=0010280857&cn=L821

FSSP Login

Please supply your FSSP-DHS token in order to access this link

Please type in your secret token:

Validate Token

Done Internet

Contact Information

Last Name	<input type="text"/>	First Name	ANGELA	MI	<input type="text"/>		
Address	<input type="text"/>	City	DETROIT	State	MI	Zip	48202



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Help Exit

Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST (Fallout)
4. Actual Hours Summary



start

Novell GroupWise...

Document1 - Micr...

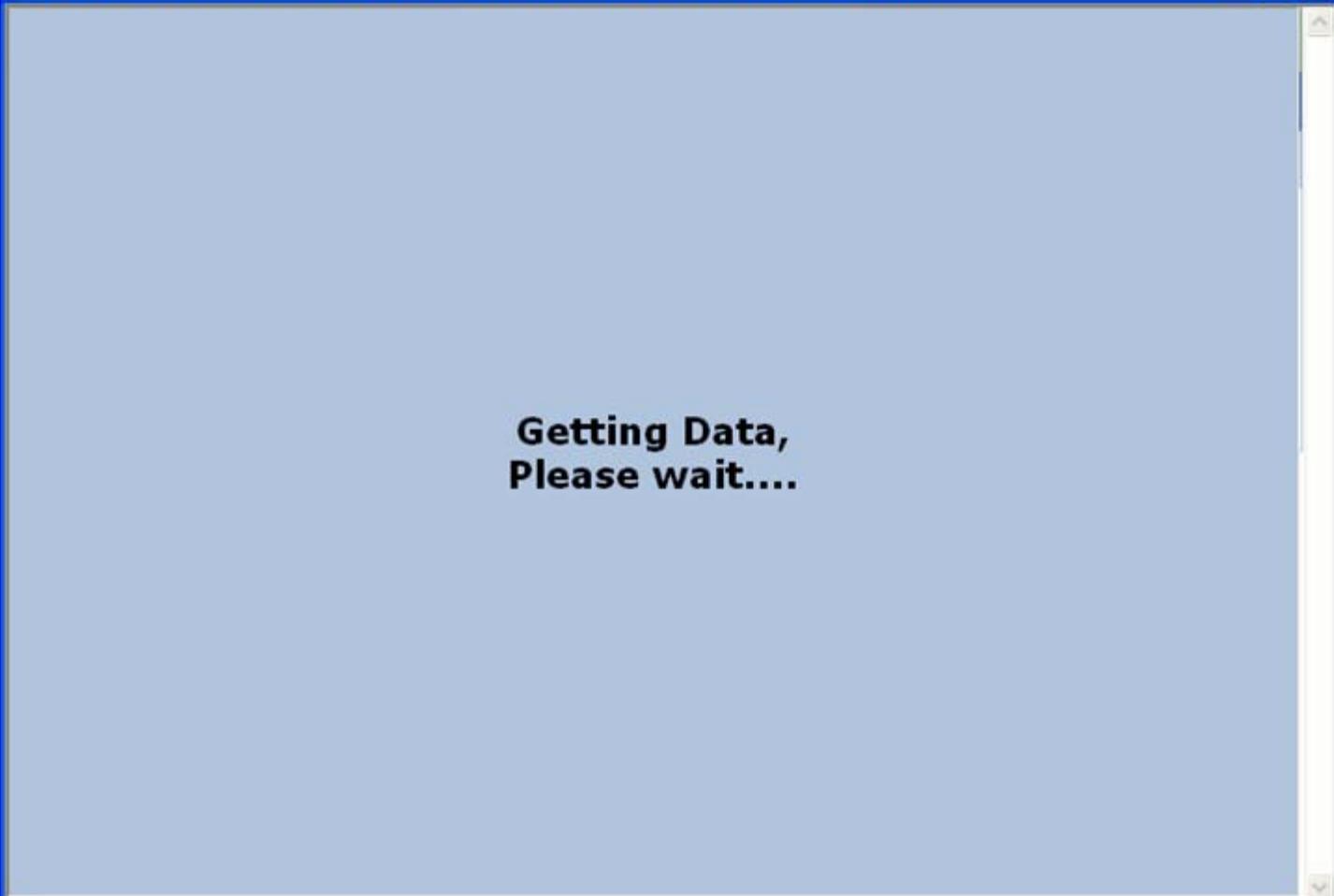
Mediated Service...

FSSP Main Menu ...

Microsoft PowerP...

Internet

8:40 AM



F40147EAD54D7D1CC250D38A1881< Go

Done Internet

start Novell Grou... Document1 ... Mediated Se... FSSP Main M... https://www... Microsoft Po... Internet 8:41 AM



FSSP

Family Self-Sufficiency Plan

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Help Exit

Case Number: [redacted]

Payment Effective Date: 12/01/2006

Penalty Count: 0

Outstanding Records: 0

Penalty Begin Date:

Penalty End Date:

FSSP Home

Name	Client ID	Birth Date	FAST		FIP/RAP Status	PSF Status	Emp. Code	FSSP
			Notice	Completed				
[redacted]	[redacted]	10/24/[redacted]	11/28/2006	12/28/2006 11:42 AM	ACTIVE	INACTIVE	WF	Edit

A4DC213063FBFD215CC38C658A78 Go

Done Internet

https://www.mdhs.state.mi.us - FSSP Client Information - Contact Information - Microsoft Internet Explorer

 **FSSP**
Family Self-Sufficiency Plan

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FSSP Home Help Exit

Name: [Redacted] DOB: 10/24/[Redacted] Required Hours: 20
Client ID: [Redacted] Gender: F Planned Hours: 40
Case Number: [Redacted] Contact Number: [Redacted]

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals Goals & Activities **Personal Contract**

Contact Information Personal Characteristics Vocational History

Client Contact Information

Print

Street: [Redacted]	Apt/Lot #: [Redacted]	City: DETROIT	State: MI	Zip Code: 48234
Phone Number # 1: ([Redacted])-[Redacted]-[Redacted]	Type: Home	Primary: <input type="radio"/>		
Phone Number # 2: ([Redacted])-[Redacted]-[Redacted]	Type: Home	Primary: <input type="radio"/>		

Comments

Save

Internet

start Novell Grou... Document1 ... Main Adminis... FSSP Main M... https://www... Microsoft Po... 8:47 AM

https://www.mdhs.state.mi.us - FSSP Personal Contract - Worker Tasks - Microsoft Internet Explorer

 **FSSP**
Family Self-Sufficiency Plan

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FSSP Home Help Exit

Name: [Redacted] DOB: 10/24/[Redacted] Required Hours: 20
Client ID: [Redacted] Gender: F Planned Hours: 40
Case Number: [Redacted] Contact Number: [Redacted]

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals Goals & Activities **Personal Contract**

Workers Tasks All Sections & Comments All Sections **Contract Agreements**

Add Actions to be taken by Workers Print

Date Entered	Tasks	Agency / Worker	Status	Begin Date	Target Date	End Date
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Done Internet

Microsoft PowerPoint - [Presentation2].ppt

start Novell Grou... Document1 ... Main Adminis... FSSP Main M... https://www... Microsoft Po... 8:48 AM



FSSP Family Self-Sufficiency Plan

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FSSP Home

Help Exit

Name:	DOB: 10/24/	Required Hours: 20
Client ID:	Gender: F	Planned Hours: 40
Case Number:	Contact Number:	

Client Information | Participation & Compliance | Strengths & Abilities | Barriers & Referrals | Goals & Activities | **Personal Contract**

Workers Tasks | All Sections & Comments | All Sections | Contract Agreements

Add Client Contract Agreement Dates **Print**

Date Entered	Entered By	Agreement Date
--------------	------------	----------------

Agreement Dates History

Date Entered	Entered By	Agreement Date
--------------	------------	----------------

https://www.mdhs.state.mi.us - FSSP Personal Contract - Contract Agreements - Microsoft Internet Explorer

 **FSSP**
Family Self-Sufficiency Plan

 **Michigan.gov**
The Official State of Michigan Website

FSSP Home Help Exit

Name: [Redacted] DOB: 10/24/[Redacted] Required Hours: 20
Client ID: [Redacted] Gender: F Planned Hours: 40
Case Number: [Redacted] Contact Number: [Redacted]

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals Goals & Activities **Personal Contract**

Workers Tasks All Sections & Comments All Sections Contract Agreements

Client Contract Agreement Dates

Date Entered : 08/23/2007
Entered By: WATSOND
Agreement Date:

Comment

Save Cancel

Date Entered	Entered By	Agreement Date
--------------	------------	----------------

A4DC213063FBFD215CC38C658A78 Go

start Novell GroupWise - M... Document1 - Microsof... 3 Internet Explorer Microsoft PowerPoint ... 8:52 AM

No Worker Left Behind

No Worker Left Behind Unknown

General Orientation

Last Date to Attend Orientation -- (mm/dd/yyyy)

Date Attended Orientation -- (mm/dd/yyyy)

Individual Orientation

Scheduled Individual Orientation Date -- (mm/dd/yyyy)

Rescheduled Individual Orientation Date -- (mm/dd/yyyy)

Attended Individual Orientation Date (mm/dd/yyyy)

First Activity Provided

Barriers To Employment

Enter Activities

Work First & Non-Custodial Parent

[Access DHS-FSSP](#)

NAME: DEBORAH TEST **MWA Referral Type:** Work First Referral - 1

Current Staff: JOE BILLIG

Customer ID: TESDE0101

Client/Recipient ID#: 33218655

Current Staff Location: VICTOR BLD

Case Number: A3245235B

FIP Family Status: (1) Single Parent Family **FIP Previous Family Status:** None

Employment

Unsub. Private Sector Emp.
Unsub. Private Sector Emp.-Part-time
Unsub. Private Sector Emp.-Prior to 1st Act.

Training/Education

On-the-Job Training
Work Experience
Jobs Skill Training

Post Employment Training

Vocational Occupational Training
High School Completion
General Equivalency Diploma

Job Search/Job Readiness

Job Search and Job Readiness Asst.

Update/View Participant Activities

[Access DHS-FSSP](#)

NAME: DEBORAH TEST **MWA Referral Type:** Work First Referral - 1 **Current Staff:** JOE BILLIG
Customer ID: TESDE0101 **Client/Recipient ID#:** 33218655 **Current Staff Location:** VICTOR BLD
Case Number: A3245235B **FIP Family Status:** (1) Single Parent Family **FIP Previous Family Status:** None

Program: Work First

Date Attended Orientation: 01/03/2005

Activity	Begin Date	Estim. End Date	End Date	Employer Name	Hours	Service Location	Actual Hours
Job Search and Job Readiness Asst.	01/03/2005	01/19/2005	-	-	20	Detroit - State Office	Enter

View All Activities within Welfare Reform

View All Activities across Programs

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Access DHS-FSSP	
Enter Job Retention	Update Retention	View Welfare	Enter Tickler

Enter Actual Hours

[Access DHS-FSSP](#)

NAME: HOURS ACTUAL

MWA Referral Type: Work First Referral - 1

Current Staff: CHRIS Y KIRGIOS

Customer ID: ACTHO1111

Client/Recipient ID#: 66266076

Current Staff Location: Clinton County FIA

Activity Name: Vocational Occupational Training

Begin Date: 02/21/2007

End Date: -

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours
1	02/18/2007	<input type="text"/>
2	02/25/2007	<input type="text"/>
3	03/04/2007	<input type="text"/>
4	03/11/2007	<input type="text"/>

Submit

Cancel

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Access DHS-FSSP	
Enter Job Retention	Update Retention	View Welfare	Enter Tickler

Enter Actual Hours

[Access DHS-FSSP](#)

NAME: HOURS ACTUAL **MWA Referral Type:** Work First Referral - 1 **Current Staff:** CHRIS Y KIRGIOS
Customer ID: ACTH01111 **Client/Recipient ID#:** 66266076 **Current Staff Location:** Clinton County FIA
Activity Name: On-the-Job Training **Begin Date:** 03/12/2007 **End Date:** -

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:

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours
1	03/11/2007	<input type="text"/>
2	03/18/2007	<input type="text"/>
3	03/25/2007	<input type="text"/>
4	04/01/2007	<input type="text"/>
5	04/08/2007	<input type="text"/>

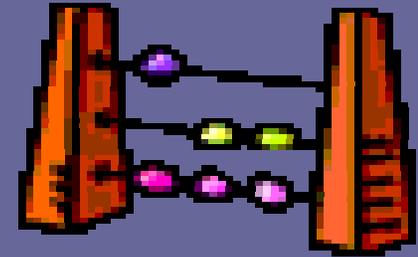
Noncompliance Penalty

1 st occurrence	3
months	
2 nd occurrence	3
months	
3 rd & Subsequent occurrence...	12
months	

Noncompliance Penalty

Case Penalty Counter	
	1

Individual Penalty Counter	
Mom	Dad
0	1



Each individual penalty of FIP noncompliance increases the Case penalty by 1

Noncompliance Penalty

The Case penalty counter will increase whenever a penalized or previously penalized member moves into a group.

Case Penalty Counter	
	1

Individual Penalty Counter	
Grantee	Member Add
0	1

Noncompliance Penalty

Identifying the Noncompliant client through MIS

- DHS staff will click on DHS Term Report, choose ‘All Welfare Programs Except WTW’ to obtain the WF 726, DHS Termination Listing
- DHS staff will send the [DHS 2444](#) - Notice of Noncompliance

Noncompliance Penalty

DATE: 03/27/2007

WORK FIRST PROGRAM ----- TERMINATION LISTING

RPT: WF726

County: All

District: All Section: All Unit: All Worker: All Period : 03/22/2007 TO 03/27/2007

Note: Listing does not include WTW, Food Stamps or NCR terminations

PARTICIPANT NAME	CUST ID	CASE#	DATE ATD	Referral Code	REG	DS	SC	UN	WK	COUNTY
Client TRISTA	BOOTO0305	X2000000A	04/11/2007	WR_WRK_1ST_REF		00	55	55	5	SOMEWHERE

Term Reason : WR_WF_ORIENT

Term Date : 03/26/2007

DATE: 03/27/2007

WORK FIRST PROGRAM ----- TERMINATION LISTING

RPT: WF726

County: All

District: All Section: All Unit: All Worker: All Period : 03/22/2007 TO 03/27/2007

Note: Listing does not include WTW, Food Stamps or NCR terminations

PARTICIPANT NAME	CUST ID	CASE#	DATE ATD	Referral Code	REG	DS	SC	UN	WK	COUNTY
Client LISA	KOOL00407	V0000003A	09/19/2006	WR_WRK_1ST_REF		00	05	55	5	SOMEWHERE

Term Reason : WR_WF_EARNINGS

Term Date : 03/22/2007 90 Day Wage: \$ 6.95

Act Code 20 Start 09/13/2006 Exit 03/22/2007

Noncompliance Penalty

Closing FIP and TRIAGE

1. No WF/JET termination will take place without scheduling/offering a Triage with client.
2. FIS staff must schedule a triage for clients that have been deferred/disregarded/excused from WF/JET.
3. To avoid sanction, the client must comply within 11 calendar days.

Noncompliance Penalty

During TRIAGE Meeting:

- Determine Good Cause
- Complete FAST (if necessary)
- Modify FSSP (as necessary)
- Give [DHS-754](#), First Noncompliance Letter
- Offer client opportunity to Comply within 10 calendar days

Noncompliance Penalty

If client
accepts
the offer
to
comply!

1. Compliance must be completed within **10** calendar days, and

2. The verification of compliance is required within the **12**-day negative action period, and

3. Advise client on the [DHS-754](#) of the activity required to meet the compliance.

Noncompliance Penalty

If client verifies compliance

within the 10 calendar days,

Delete the Negative Action to
close the FIP case



Noncompliance Penalty

The SECOND occurrence of FIP noncompliance
without Good Cause

- FIP closure for 3 calendar Months.
- Budgeting the 'Last FIP Grant' on FAP (3 months).
- Don't forget to determine if a FAP DQ applies.
- Determine if family qualifies for any other benefits.

Noncompliance Penalty

THIRD and subsequent occurrence for FIP noncompliance without Good Cause.

- Close FIP for 12 Months, and
 - Budget the 'Last FIP Grant' on FAP for 12 months
- Don't forget to determine if a FAP DQ applies and Determine eligibility for any other programs the group may be eligible for.





FSSP Family Self-Sufficiency Plan

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Name:	NICKOLE A	DOB:		Required Hours:	20
Client ID:		Gender:	F	Planned Hours:	24
Case Number:		Contact Number:	517-335-9999		

- Client Information
- Participation & Compliance**
- Strengths & Abilities
- Barriers & Referrals
- Goals & Activities
- Personal Contract

Participation

[Print](#)

Countable Months	Planned Hours			Countable Hours
	Core	Non-Core	Other	
34	20	4	0	24

FAST Notice Date Entry

A FAST Notice Date was not found on record for this client. If the client was sent a FAST Notice, enter the date now to be permanently saved.

FAST Notice Date:

Warning

You must enter **ALL** noncompliances without good cause that occurred on or after April 1, 2007 from the Excel Spreadsheet for this **CASE** in chronological order before entering any new records of noncompliance for this individual.

[Add](#)

Record of Noncompliance

Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Outcome	Date of Determination
-----------------------	------	-----------	----------------	-----------------	---------	-----------------------

Penalties Against Case

Name	Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Date of Determination
------	-----------------------	------	-----------	----------------	-----------------	-----------------------

FAST Notice Date Entry	
A FAST Notice Date was not found on record for this client. If the client was sent a FAST Notice, enter the date now to be permanently saved.	
FAST Notice Date:	<input type="text"/> <input type="button" value="Save"/>

Warning

You must enter **ALL** noncompliances without good cause that occurred on or after April 1, 2007 from the Excel Spreadsheet for this **CASE** in chronological order before entering any new records of noncompliance for this individual.

Record of Noncompliance

Date Entered	6/1/2007	Client Attended	<input type="button" value="v"/>
Entered By	koutsoubosl	Outcome	<input type="checkbox"/> Good Cause Granted <input type="checkbox"/> No Good Cause Granted
Date of Noncompliance	<input type="text"/> <input type="button" value="Calendar"/>	Date of Determination	<input type="text"/> <input type="button" value="Calendar"/>
Type	<input type="checkbox"/> FAST Completion <input type="checkbox"/> FSSP Development <input type="checkbox"/> Other		
Date DHS-2444 Sent	<input type="text"/> <input type="button" value="Calendar"/>		
Date of Triage	<input type="text"/> <input type="button" value="Calendar"/>		

Comment

All fields must be completed to be considered an episode/occurrence of noncompliance.

Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Outcome	Date of Determination
-----------------------	------	-----------	----------------	-----------------	---------	-----------------------

Penalties Against Case

Name	Date of Noncompliance	Type	2444 Sent	Date of Triage	Client Attended	Date of Determination
------	-----------------------	------	-----------	----------------	-----------------	-----------------------



FSSP Family Self-Sufficiency Plan

[Submit a bug](#)michigan.govThe Official State
of Michigan Website[FSSP Home](#)[? Help](#) [X Exit](#)**Name:** [REDACTED] NICKOLE A**DOB:** 06/04/[REDACTED]**Required Hours:** 20**Client ID:** [REDACTED]**Gender:** F**Planned Hours:** 30**Case Number:** [REDACTED]**Contact Number:** 517-444-4445[Client Information](#)[Participation & Compliance](#)[Strengths & Abilities](#)[Barriers & Referrals](#)[Goals & Activities](#)[Personal Contract](#)

Participation

[Print](#)

Countable Months	Planned Hours			Countable Hours
	Core	Non-Core	Other	
34	20	10	0	30

Record of Noncompliance

Date Entered 5/17/2007
Entered By koutsoubosl
Date of Noncompliance 05/10/2007
Type
 FAST Completion
 FSSP Development
 Other
Date DHS-2444 Sent 05/10/2007
Date of Triage 05/17/2007

Client Attended Yes
 No
 N/A
Outcome
 Good Cause Granted
 No Good Cause Granted
Excuse Accepted
 Refused
Date of Determination 05/17/2007

Comment

You may only offer an EXCUSE for the First Time of Case Noncompliance.

[Save](#)[Cancel](#)

Administrative Hearings



All clients have the right to request a hearing.

Code of Federal Regulations (CFR)

Titles and Sections Listed under Legal Base in PAM 600

Michigan Compiled Laws (MCL) 24.271-24.287

Michigan Administrative Codes 400.901 – 400.951

The request must be in writing (with one (1) program exception) and signed by either an adult member of the eligible group or the client's authorized hearings representative (AHR).

Administrative Hearings

Participating in the Hearing

AH must give advance written notice of the time, date, and place of the hearing.

AH schedules a telephone hearing for most cases.

At the request of the AHR or, if none, the client, AH must schedule an in-person hearing.

In exceptional circumstances the local office may request an in-person hearing.



Administrative Hearings

- Local DHS may invite the MWA case manager to attend/participate in the non-compliance administrative hearing process.
- Prior to an official hearing, the DHS caseworker will schedule a pre-hearing conference where factual information and details will be shared and discussed.

Administrative Hearings

Withdrawals

If and/or when all issues are resolved and the client/AHR wishes to withdraw the request, ask for a signed, written withdrawal.

Email Admin Hearings DHS-AHWithdraw@michigan.gov stating that a request for withdrawal is pending.

Send either a facsimile of the withdrawal or mail a copy of the withdrawal to AH. Do not send both. The original withdrawal form goes into the office case file.

The sender will receive an *automated* response from AH indicating that the request for withdrawal has been received and is being processed.



FSSP

Family Self-Sufficiency Plan



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Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST [REDACTED] (Fallout)
4. Reports
5. Actual Hours Summary
6. DLEG/MIS

View Pending FAST, Pending FSSP, FSSP Target Dates and Any Records and History of Noncompliance



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Reports

Search Criteria

Enter Load Number:

County: District: Section: Unit: Specialist:

Report Type:

- Pending FAST Pending FSSP FSSP Target Dates
 Records of Noncompliance Historic Noncompliance

Submit Search



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FSSP TARGET DATES SEARCH RESULTS

[New Search](#)

[Print](#)

Worker Load Number	Client Name	Client ID	Case Number	FAST/FSSP Notice Date	FAST Compl. Date	FSSP Compl. Date	Target Date
4100	Nickole	000	K	05/15/2007	06/14/2007	07/14/2007	

List clients who have agreed to a FSSP.



Reports

Search Criteria

Enter Load Number:

County: District: Section: Unit: Specialist:

Report Type:

- Pending FAST Pending FSSP FSSP Target Dates
 Records of Noncompliance Historic Noncompliance



Search for Records of Noncompliance



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Reports Search Criteria

Enter Load Number:

County: District: Section: Unit: Specialist:

Report Type:

- Pending FAST Pending FSSP FSSP Target Dates
 Records of Noncompliance Historic Noncompliance

Start Date:

End Date:

Submit Search

Start/End Date required



Main Menu

1. Create or Update FSSP
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6. DLEG/MIS

Search for client's completed FAST



New Search

Print

FAST Fallout Report

(Submission Date from: 4/1/2007 to: 7/5/2007)

	Date Entered	Client ID	Service County	First Name	Last Name	Date of Birth	Last 4 SSN
<input type="checkbox"/>	4/20/2007 12:16:12 PM	0000	BAY	asdfsafd	as	05/05	2563
<input type="checkbox"/>	4/24/2007 11:10:31 AM	0000	BARRY	asdrsad	a:	08/08	5712
<input type="checkbox"/>	4/25/2007 2:22:34 PM	0000	ALCONA	A		06/06	6666
<input type="checkbox"/>	4/16/2007 7:44:17 PM	0022	INGHAM	lewis		07/30	0099
<input type="checkbox"/>	4/16/2007 7:44:20 PM	0000	INGHAM	Julie		07/30	9900
<input type="checkbox"/>	4/20/2007 12:42:11 PM	0000	CASS	iojioij		08/08	5684
<input type="checkbox"/>	4/24/2007 10:16:37 AM	0001	ALCONA	test		01/01	1234
<input type="checkbox"/>	4/23/2007 1:05:32 PM	0000	CASS	Juan		09/09	5613
<input type="checkbox"/>	5/16/2007 4:10:46 PM	0000	ANTRIM	Juan	F	01/23	8383
<input type="checkbox"/>	5/15/2007 4:51:58 PM	0000	ANTRIM	juana	F	07/12	9466

1

1

Locate your client and click on the gray button to open



FSSP

Family Self-Sufficiency Plan



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Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST ██████████ (Fallout)
4. Reports
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New Search
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Actual Hours Summary Search Results

Client ID		Begin Date	6/3/2007
Client Name	NICKOLE A	End Date	7/7/2007

Activity	Planned Hours	Actual Hours	Shortfall
Week Begin 6/3/2007 End 6/9/2007			
High School Completion/GED / Working on completion	10	10	✓
Weekly Total	10	10	✓
Week Begin 6/10/2007 End 6/16/2007			
High School Completion/GED / Working on completion	10	5	✓
Weekly Total	10	5	X
Week Begin 6/17/2007 End 6/23/2007			
Unsubsidized Employment / P.T. cashier	20	10	X
Weekly Total	20	10	X
Week Begin 6/24/2007 End 6/30/2007			
Unsubsidized Employment / P.T. cashier	20	5	✓
Weekly Total	20	5	X
Date Range Total	60	30	X
Average Hours/Week: 8			



FSSP

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Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST XXXXXXXXXX (Fallout)
4. Reports
5. Actual Hours Summary
6. DLEG/MIS