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E-mailed: 08/11/14 (pv)

Workforce Development Agency (WDA)
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Date: August 11, 2014

To: Michigan Works! Agency (MWA) Directors

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

Subject: Case Management Manual

Programs Affected: Partnership. Accountability. Training. Hope. (PATH)

Rescissions: WDASOM PI 12-10, Change 1

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

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

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

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

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

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

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

This policy change includes the following:

1. All links to the DHS manual have been reestablished to the current location.

2. Noncompliance Process: this policy requires the MWA to document the mailing address which was used when issuing a warning notice; in accordance, formWR-241 has been revised. An act of noncompliance prior to a participant's Family Independence Program (FIP) case opening now results in an immediate request for Triage. Also, MWAs are now required to provide a post-triage appointment notice to all participants returning to PATH after good cause been found at the triage meeting.

3. A section has been added for MWA involvement in the DHS Prehearing Conference process.

4. All references to accessing the Family Self Sufficiency Plan (FSSP) have been removed.

5. Entry of Actual Hours of Participation in OSMIS have been revised to align with the rule that activity and hours data can only be updated for the current calendar month and the two previous TANF months.

6. Actual hours affected by the Deeming process are now calculated and displayed on the Countable Hours reports. This applies to Community Service, Work Experience and High School/GED for 18/19-Year-Olds.

7. Acceptable Forms of Documentation for Paid Work Activities have been revised to accept employment documentation dated prior to participation in PATH.

8. A section has been added for the new OSMIS termination reason 'Employed.'

9. Appendixes
   I - Entry of Actual Hours of Participation in the OSMIS
   All screen shots have been updated to reflect the current layout.

   II - Documentation Materials

Verification of Employment Hours forms (WR-201 & WR-202) have been modified to include an optional section to record how often the participant is paid.

Noncompliance Warning Notice form (WR-241) has been modified to include a section to document the mailing address.

The form numbers have been added to the Documentation Checklist.

III - Welfare Reform Services Codes
Service codes 19 (Unsub Employment Part-Time) and 20 (Unsub Employment Prior to Referral) have been removed, as all unsubsidized employment activities will be entered in OSMIS as service code 1 (Unsubsidized Employment).

Policy: **Case Management**

This policy applies to all PATH participants including those individuals who have **completed** the 21-Day Application Eligibility Period (AEP).

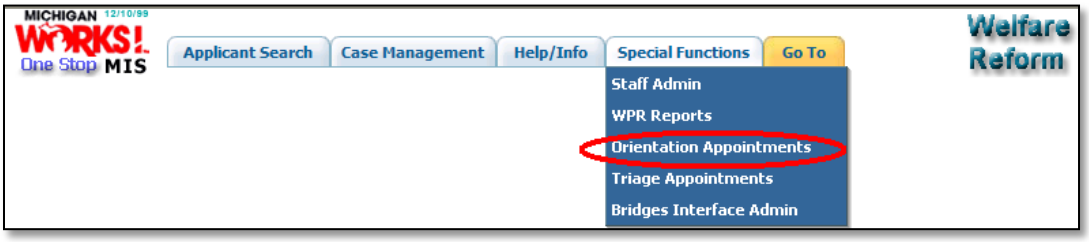
MWAs must provide case management activities, as necessary, to assist participants in obtaining employment at sufficient wage and hours to eliminate the need for FIP assistance. MWAs shall make every effort to place a minimum of 50 percent of clients, who participate in PATH, in positions that provide wages of $8 per hour or more.

Examples of case management activities include:

- Working with employers to develop career ladder programs and/or providing more working hours to a participant,
- Enrollment of participants into training programs, assessing needs for supportive services,
- Providing supportive services,
- Consulting with the participant's DHS Family Independence Specialist (FIS) to address situational barriers, and
- Using other community agencies for additional necessary services.

MWAs are to serve all persons applying for, or connected to, a FIP or EFIP case. Persons served are to be electronically referred from DHS, and are to include FIP clients who are in their last month of sanction and have reapplied for FIP. Case managers of PATH participants may participate in home visits with DHS staff at the MWA's discretion.

Bridges, the electronic data system for DHS, will schedule a PATH orientation appointment for each person (AEP and Non-AEP) referred to the MWA. The DHS-4785, PATH Appointment Notice, is sent to the participant and the orientation appointment information is transmitted to OSMIS. The MWA may view a report containing the appointment information via the "Orientation Appointments" link on the Special Functions header tab in the Welfare Reform (WR) program section of OSMIS.



In addition, the 'Appointment Office Name' and 'Appointment Date' are auto-filled on the participant's WR registration screen.

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

Supportive services are to be provided in accordance with the BWP PI 06-33, and its subsequent changes. MWAs are to provide supportive services to participants, as appropriate, through the first 180 days of a participant's employment (the 180-day job retention period).

> **Please Note**: this also applies to those individuals whose FIP case closes due to income prior to the end of the 180-day retention period. PATH participants receiving FIP payments beyond the 180-day retention period may be provided supportive services at the MWA's discretion and funding availability.

However, in accordance with BWP PI 06-33, and its subsequent changes, after the 180-day retention period has been completed, public transportation allowances or private automobile mileage reimbursement may only continue to be provided to those participants who are **enrolled in education or training activities**.

MWAs are required to record all appropriate case note information in the OSMIS in a timely manner. This includes identified barriers and steps taken

to remove them, supportive service records, and employment information from case management contacts.

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

180-Day Job Retention

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

If there is a break of seven calendar days or less in a participant's employment status, or a 14-calendar day break occurs as a result of a cyclical layoff during the 180-day period, there is no requirement to start the retention period over. In order for the original 180-day retention period to remain uninterrupted, the individual must remain in the original employment activity in the OSMIS. Within the Employment Activity in OSMIS, the original employment information should be transferred to the comment box and the new employer information should be added to the OSMIS fields.

> **Please Note**: the start date field must not be updated but the new start date should be documented in the comment box.

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

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

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

EFIP

The DHS will provide a payment of $10 per month for six months to individuals whose FIP case would have otherwise closed due to earnings, **if those individuals continue to meet federal work participation requirements, per Section 57s of PA 471**. The DHS extends the FIP case and it becomes an EFIP case. Such case outcomes are captured as "case closures due to income" in the OSMIS. All case closures due to income should be considered EFIP cases upon the case closure due to income notification.

MWAs must ensure that EFIP recipients who are active with the MWA are meeting federal participation requirements. If, based on a monthly average, an EFIP recipient's hours of employment are less than his/her federally required hours of participation, the individual must participate in the additional allowable activities necessary for the participant to meet federal participation requirements.

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

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

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

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

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

Supportive services are to be provided, as appropriate, through the 180-day job retention period.

> **Please note** that the six-month (180-day) period in which a participant receives EFIP payments does not necessarily coincide with the participant's 180-day job retention period.

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

All EFIP cases in the OSMIS will be automatically terminated upon receipt of any "case closure" notification subsequent to the case's initial "case closure due to income" notification. Such automatic terminations include case closures that occur due to six months of EFIP having been provided, and other case closures (which may occur prior to six months of EFIP having been provided). Accordingly, MWAs are to discontinue the provision of all case management services, including the provision of supportive services, upon such EFIP case terminations.

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

Noncompliance Process

All non-AEP referred individuals who have attended orientation, and AEP referred individuals who have **completed** AEP, are subject to the new noncompliance and reengagement procedures.

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

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

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

The noncompliance policy must be thoroughly explained to participants during their required PATH orientation.

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

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

2nd Act of Noncompliance: If it has been **less than 120 days** since the first act of noncompliance, issue a WR-243 or WR-244 Triage Meeting Notice. If it has been **more than 120 days**, issue a WR-241 Noncompliance Warning Notice and reengage the participant.

Noncompliance Warning Notice:

The day the MWA becomes aware of the first instance of noncompliance, the MWA must issue a WR-241 Noncompliance Warning Notice and attempt to contact the participant in person or by phone to schedule a reengagement appointment.

- If the participant is at the MWA, the reengagement appointment is held at that time.

- If the MWA reaches the participant by phone, the MWA must instruct the client to attend a reengagement appointment at the MWA within the next two business days.

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

    - WR-241 has been modified to include a section where the MWA must document where the warning notice was mailed via U.S. Postal Service.

    - If the notice is sent via e-mail or fax, the MWA must keep a copy of the transmittal in the participant's case file.

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

In all cases, the original WR-241 Noncompliance Warning Notice form must be maintained in the case file and a copy must be given to the participant.

Reengagement Appointment

During the reengagement appointment the MWA must at least:

- Review the Noncompliance Warning Notice,

- Address barriers to participation,

- Restate the noncompliance policy, and

- Offer the participant the opportunity to sign a WR-242 PATH Reengagement Agreement.

If the participant refuses to sign the reengagement agreement or fails to show up for the appointment, the MWA must immediately generate a Triage Meeting Notice (See Triage Meeting Notice section).

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

Rescinding the Noncompliance Warning Notice

The MWA must rescind a Noncompliance Warning Notice if the participant can produce documentation of good cause for the noncompliance. (Examples

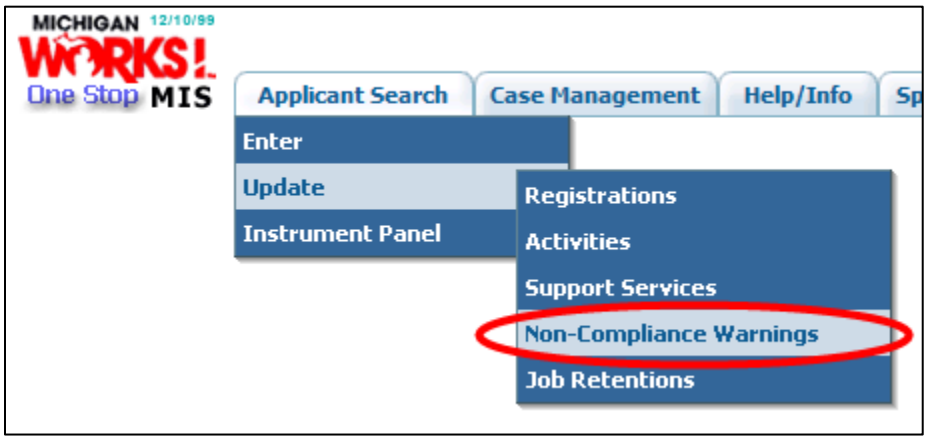
of good cause for noncompliance may be found at DHS Bridges Eligibility Manual 233A, at http://www.mfia.state.mi.us/olmweb/ex/BP/Public/BEM/233A.pdf.)

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

In order to rescind a notice, the MWA must indicate on the WR-241 Noncompliance Warning Notice form that the warning is being rescinded. The warning may no longer be acknowledged; however, the updated original notice must be retained in the case file. A copy of the rescinded notice must be given to the participant.

Tracking Noncompliance Warning Notices in OSMIS

The "Non-Compliance Warnings" section of the OSMIS is designed to track warning notices and associated reengagement appointments. This section is accessed from the "Applicant Search" menu.



Technical instructions for the Non-Compliance Warning section in OSMIS can be found in Appendix I of this policy issuance.

Determining when to Assign a Participant to the Triage Activity

If there is a **second instance of noncompliance within 120 days** of a Noncompliance Warning Notice, the MWA must immediately request a triage meeting, as described under the Triage Meeting Notice section below. Through certain actions, participants waive the right to a Noncompliance Warning Notice and the MWA must request a triage meeting. **The following are reasons to assign a participant to the triage activity immediately**:

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

- *Refusing suitable employment by:*

  - *Voluntarily reducing hours or otherwise reducing earnings.*
    Exception: This does NOT apply if the work participation program verifies the client changed jobs or reduced hours in order to participate in a work participation program approved education and training program.

  - *Quitting a job.*
    Exception: This does NOT apply if the work participation program verifies the client changed jobs or reduced hours in order to participate in a work participation program approved education and training program.

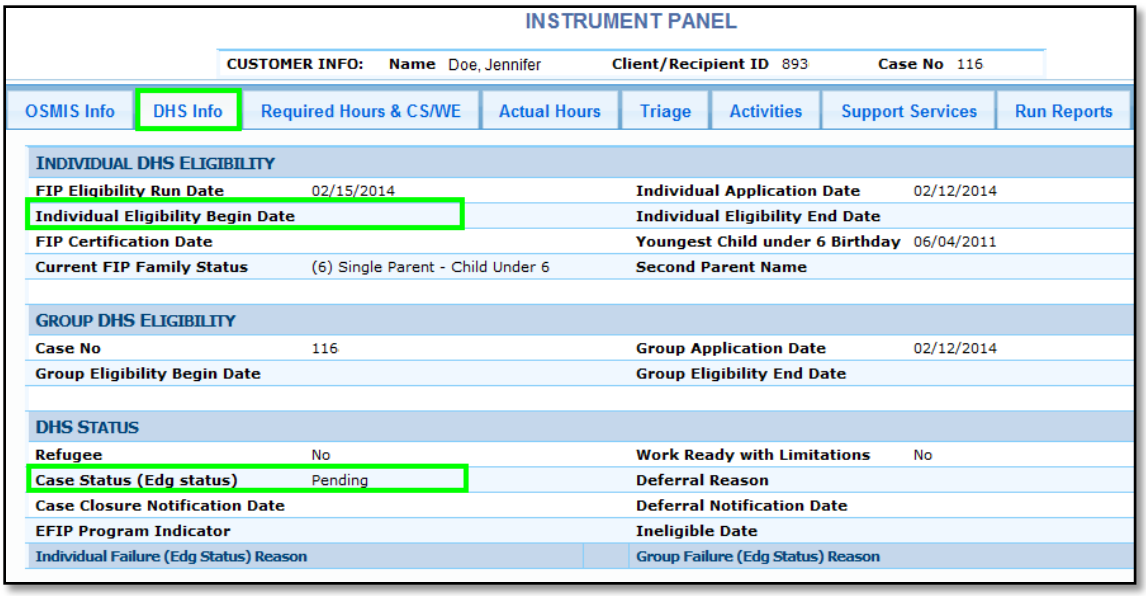
  - *Firing for misconduct or absenteeism (not for incompetence)**
    Note: Misconduct sufficient to warrant firing includes any action by an employee, or other adult group member, that is harmful to the interest of the employer, and is done intentionally or in disregard of the employer's interest, or is due to gross negligence. It includes but is not limited to drug or alcohol influence at work, physical violence, and theft or willful destruction of property connected with the individual's work.

  - *Refusing a bona fide offer of employment or additional hours up to 40 hours per week*
    A "bona fide offer of employment" means a definite offer paying wages of at least the applicable state minimum wage. The employment may be on a shift; full or part-time up to 40 hours per week; and temporary, seasonal or permanent.

  Exception: Meeting participation requirements is not good cause for refusing suitable employment, unless the employment would interfere with MWA approved education and training.

  Source: DHS BEM 233A
  **This includes being dismissed, for misconduct or absenteeism, from a CSP or WEP activity.*

- Noncompliance after completion of AEP but prior to FIP case opening: A participant should also be assigned to the triage activity if they become noncompliant after completing AEP but before their FIP case opens. The FIP case status can be viewed on the DHS tab of the instrument panel in OSMIS. The instrument panel will display "Pending" for the Case Status (Edg status) and the Individual Eligibility Begin Date will be blank prior to case opening.



INSTRUMENT PANEL

CUSTOMER INFO: Name Doe, Jennifer Client/Recipient ID 893 Case No 116

OSMIS Info | DHS Info | Required Hours & CS/WE | Actual Hours | Triage | Activities | Support Services | Run Reports

INDIVIDUAL DHS ELIGIBILITY			
FIP Eligibility Run Date	02/15/2014	Individual Application Date	02/12/2014
Individual Eligibility Begin Date		Individual Eligibility End Date	
FIP Certification Date		Youngest Child under 6 Birthday	06/04/2011
Current FIP Family Status	(6) Single Parent - Child Under 6	Second Parent Name	

GROUP DHS ELIGIBILITY			
Case No	116	Group Application Date	02/12/2014
Group Eligibility Begin Date		Group Eligibility End Date	

DHS STATUS			
Refugee	No	Work Ready with Limitations	No
Case Status (Edg status)	Pending	Deferral Reason	
Case Closure Notification Date		Deferral Notification Date	
EFIP Program Indicator		Ineligible Date	
Individual Failure (Edg Status) Reason		Group Failure (Edg Status) Reason	

Triage Meeting Notice

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

- Complete a WR-243 or WR-244 Triage Meeting Notice.
- Place the participant into the "Assigned to Triage" activity in OSMIS and indicate the reason for the triage. When entering the "Start Date" on the "Assigned to Triage" screen in the OSMIS, the MWA must enter the date of the noncompliance which led to the Triage Meeting Notice.
- Provide the participant a copy of the completed notice in person, by postal mail, e-mail, or fax. The mode of delivery selected must be a standard method of communication between the participant and the MWA.

Examples for Processing Acts of Noncompliance

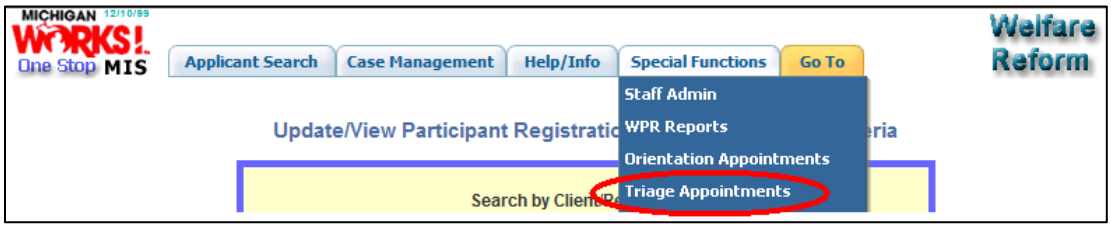
Example 1: The PATH participant does not attend the scheduled MWA appointment on Wednesday nor did s/he call in good cause for nonattendance. A Noncompliance Warning Notice was completed that day to address the first act of noncompliance. The participant was contacted by phone and instructed to attend a reengagement appointment on Friday. At no time during the phone conversation, or prior to the appointment on Friday, does the participant provide a good cause reason for the noncompliance on Wednesday. The warning notice information was entered in OSMIS. The participant does not attend the reengagement appointment on Friday, thus a second act of noncompliance has occurred less than 120 days from the first act of

noncompliance and has to be addressed immediately with a Triage Meeting Notice. A Triage Meeting Notice is completed and mailed to the participant on Friday and the participant was assigned to the triage activity in OSMIS that same day with a start date of Friday.

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

Scheduling the Triage Meeting

When the triage activity is entered in OSMIS, the request is transmitted to DHS, and Bridges automatically schedules a triage appointment. The DHS-2444, Notice of Noncompliance, is sent to the participant and the triage appointment data is transmitted to OSMIS. The MWA may view the appointment information via the "Triage Appointments" link on the Special Functions header tab in the Welfare Reform program section of OSMIS.



At the Triage Meeting

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

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

If the DHS and MWA staff does not agree as to whether good cause exists for the noncompliance, the case must be forwarded to the immediate supervisors

of each party involved to reach an agreement. The DHS supervisor makes the final determination of good cause.

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

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

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

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

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

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

Post-Triage PATH Appointment Notice

WR-245 Post-Triage PATH Appointment Notice has been created as a best practice for the MWAs. The notice contains the time, date, and location of the reengagement appointment and is to be signed by the participant, MWA staff, and DHS staff after a triage meeting in which good cause is given.

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

WR-245 is not mandated, the MWA must provide some type of post-triage appointment notice to all participants returning to PATH after good cause has been found.

Other Triage Information

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

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

MWAs are not required to participate in triage meetings for FIP (non-AEP) referrals who fail to show or call for a PATH orientation. Referred individuals who fail to show or fail to contact the MWA should not be activated in the OSMIS.

Prehearing Conferences and Administrative Hearings

The DHS has determined that a meaningful prehearing conference is a crucial component of the administrative hearings process. Therefore, effective immediately, appropriate MWA staff **must** participate in the prehearing conference. (Source: Bridges Administrative Manual found at http://www.mfia.state.mi.us/olmweb/ex/BP/Public/BAM/600.pdf.)

When notified by DHS that a participant has requested a hearing, the MWA should communicate with the local DHS to ensure the MWA is represented in a prehearing conference.

Participation in the prehearing conference will assist in resolving hearing requests at the lowest level possible.

If the prehearing conference does not resolve the issue and the hearing is scheduled, the MWA must attend all scheduled hearings and provide appropriate documentation.

PATH Participants who are Unable to Participate due to Medical Reasons

30 Days or Less

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

MWAs must give the participant a WR-231 Return to PATH Appointment Notice, which schedules the participant to return or contact the MWA at the end of their medically excused period. If the notice cannot be given to the participant in person, then the mode of delivery must be a standard method of communication between the participant and the MWA, such as by postal mail, e-mail, or fax. If the participant fails to return or make contact with the MWA as instructed, this is an act of noncompliance. The MWA must follow the Noncompliance Process described in this policy.

More than 30 Days

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

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

PATH Participants who are Work-Ready with Limitations (WL)

DHS has created a new program code "WL" for individuals that have been determined by the Medical Review Team (MRT) as Work-Ready with Limitations. Participants coded as WL may be referred to the MWA for participation in PATH. DHS will send a comment to OSMIS Case Notes which identifies the participant's limitations as defined by the MRT. The MWA must abide by the limitations set by the MRT when assigning allowable activities and hours of participation. A participant may not be triaged for not meeting work participation if they are engaged at the level set forth by the MRT. An indicator has been added to the Welfare Reform Header to signify that these individuals are Work-Ready with Limitations (Appendix I).

FAST

The FAST is a 50-question, web-based, participant self-assessment designed to identify the participant's strengths and barriers. The FAST is to be completed by the participant and takes approximately 30 minutes to complete, depending on the individual's reading and computer skills. The results of the FAST survey will populate portions of the Family Self-Sufficiency Plan in Bridges.

All PATH participants must complete and submit a FAST within 30 days of the initial interview with the FIS. Completion of the FAST is the participant's responsibility, and is one of the criteria for FIP eligibility. The DHS maintains responsibility for the participant's compliance with FAST completion. MWAs may assist with participants' completion of the FAST if they have the resources to do so. The FAST is available to participants at www.michigan.gov/fast, in both English and Spanish. The client must select an answer to every question even if they choose the response "skip." When the client submits the completed FAST, they will be given a confirmation number to document their completion of the FAST.

Entry of Educational and Training Outcomes

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

Entry of Actual Hours of Participation in OSMIS

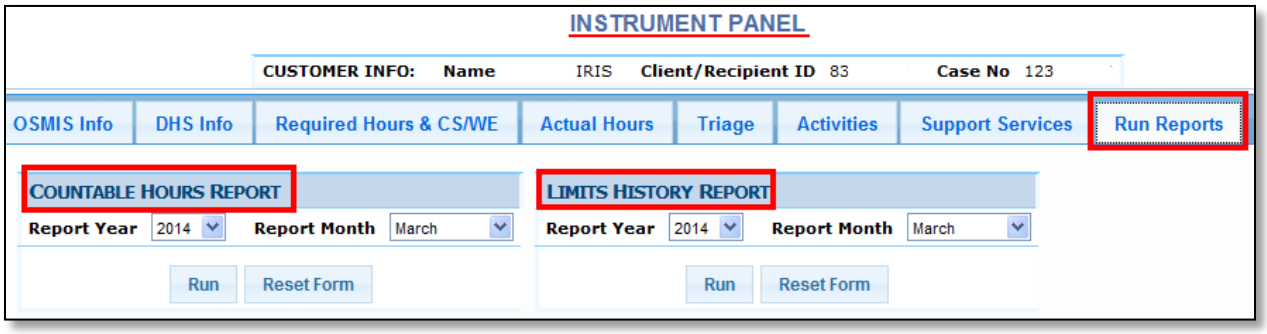
WDASOM PI 06-11, and its subsequent changes, specifies the requirements and limitations of all allowable activities. Actual hours of participation in the allowable activities must be entered into the OSMIS and supported by the appropriate documentation, as specified in this policy. Planned hours may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

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

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

Activity begin dates, activity end dates, and actual hours data can only be updated for the current calendar month and the two previous TANF months. Hours of participation in paid work activities may be projected for up to six months, with appropriate documentation as specified in this policy.

Participants remaining countable participation time in Vocational Educational Training (VET) and JS/JR may be found on the individual's current Countable Hours report or Limits History report. These reports are accessible from the participant's Instrument Panel or the Special Functions tab.



Other Non-Countable Hours (ONCH)

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

- When a participant does not meet federal work participation requirements for the month, hours must be moved from actual hours to ONCH hours.

- When a participant already has enough hours for the month, additional time spent in JS/JR activity must be reported as ONCH.

- When a participant has exceeded the annual JS/JR limit, additional time spent in the activity must be reported as ONCH.

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

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

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

Appendix I contains the technical instructions for the new activity in OSMIS titled "High School/GED for 18/19-Year-Olds."

Participants, who are 18 or 19-years-old without a high school diploma or GED, are eligible for this activity. Homeschooling is not allowed for this activity. The participant's age on the first day of the month is the age designated for the individual for the whole month.

> **Example:** If the participant turns 20 on October 10th he/she qualifies for the activity in October but not after October.
>
> **Example:** If the participant turns 20 on October 1st he/she **does not** qualify for the activity in October or any month thereafter.

In both situations, additional participation in high school completion or GED must be recorded in OSMIS under the appropriate non-core educational activity and all rules of that activity apply.

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

If **both** 18 & 19-year-old parents from a **two-parent family** are enrolled in this activity, they may be deemed to be meeting their federal minimum work participation requirement solely through satisfactory attendance in high school, a high school completion program, or a GED program.

For single parents and two-parent families where **both** parents are enrolled in this activity, deeming is the act of treating satisfactory participation in either the non-core high school or GED activity as a **core** activity that meets work participation.

If only **one parent** from a **two-parent family** is eligible and enrolled in this activity, he/she is granted 20 **core** hours of participation (due to deeming) or the actual hours of participation each week, whichever is greater. The family is still obligated to participate up to their remaining required hours.

> **Example 1:** A two-parent family without federally funded day care is required to participate 35 hours per week (30 core and 5 non-core hours), or 140 total hours for a 4-week month or 175 total hours for a

5-week month. One parent participates in a GED program for 8 hours per week and the other parent is working for 15 hours per week.

Breakdown of how the Family Met Work Participation – 4-week month

32 hours = Actual participation in GED program (deemed as core hours)
48 hours = Deemed core hours (12 hours each week to bring up to 20)
60 hours = Actual participation in unsubsidized employment
140 hours =Total hours for the 4-week month (all core)

Breakdown of how the Family Met Work Participation – 5-week month

40 hours = Actual participation in GED program (deemed as core hours)
60 hours = Deemed core hours (12 hours each week to bring up to 20)
75 hours = Actual participation in unsubsidized employment
175 hours =Total hours for the 5-week month (all core)

Example 2: A two-parent family with federally funded day care is required to participate 55 hours per week (50 core and 5 non-core hours), or 220 total hours for a 4-week month or 275 total hours for a 5-week month.. One parent attends high school for 35 hours per week and the other parent is working for 15 hours per week plus participating in Job Skills Training Directly Related to Employment (JSTDRE) for 5 hours per week.

Breakdown of how the Family Met Work Participation – 4 week month

140 hours = Actual participation in high school (deemed as core hours)
60 hours = Actual participation in unsubsidized employment (core)
20 hours = Actual participation in JSTDRE (non-core)
220 hours =Total hours for the 4-week month (200 core and 20 non-core)

Breakdown of how the Family Met Work Participation – 5-week month

175 hours = Actual participation in high school (deemed as core hours)
75 hours = Actual participation in unsubsidized employment (core)
25 hours = Actual participation in JSTDRE (non-core)
275 hours =Total hours for the 5-week month (250 core and 25 non-core)

Satisfactory Attendance and Entry of Actual Hours

Satisfactory attendance is determined by the educational institution. If the participant does not receive satisfactory attendance, the actual hours for the month will be treated as non-core hours and deeming will not apply.

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

Educational Programs Scheduled for Part of the Month

The following applies to **single parents** and **two-parent families where both parents** are eligible and enrolled in this activity

If the high school or GED program ends before the end of the TANF month and the participant had satisfactory attendance for all weeks the program was in session, they may be deemed as meeting work participation for the month. The same holds true if the educational program started after the beginning of the TANF month.

> **Example:** An 18-year-old single parent (or two 18-year-old parents in a two-parent family) attended high school and the last day of high school is June 7th. The school verified the participant(s) had satisfactory attendance for the week of June 3rd thru June 7th. The participant(s) will be deemed as meeting work participation for June.

PATH requirements must resume during any full month which the participant is not assigned to High School/GED for 18 & 19-Year-Olds.

> **Example:** A 19-year-old is participating in a traditional high school environment where classes are not scheduled during the summer. The participant must be assigned to allowable activities at the appropriate level to meet work participation during the month **after** the high school program ends.

Determining the Number of Hours Allowable for Participation in CSP and/or WEP

DHS has obtained a waiver that allows certain Food Assistance Program (FAP) grant amounts to be combined with the **TANF funded FIP grant amounts** for the purposes of determining the maximum number of hours of CSP and WEP to count towards meeting work participation. The Fair Labor Standards Act (FLSA) places a limit on the number of hours a participant can engage in these unpaid activities. The formula to determine the FLSA limit is the quotient of the total benefit amount divided by the state minimum wage. Adding FAP benefits to the top of the equation produces a greater number of allowable hours. This value as determined by DHS is transmitted from Bridges for display in OSMIS as "**Family FIP/FAP CS/WE**" for each participant eligible to engage in the increased monthly CSP and/or WEP hours. If OSMIS does not display Family FIP CS/WE or Family FIP/FAP CS/WE for a PATH participant **but does** display an Eligibility Date, the MWA may contact their local DHS office to determine the number of hours the FIP case is allowed for community service or work experience programs. Another option to determine allowable CSP/WEP hours is to run the participant's Countable Hours Report and view the header for "Fam FIP

CS/WE Max Hrs" or "Fam FIP/FAP CS/WE Max Hrs", as represented in the example below:

Countable Hours Monthly Detail Report
October 2013
Data captured through: Oct 06, 2013 @ 06:00:00 PM

Client/Recipient ID	498
Participant Name	BRITTANY
Family Required Hrs/week	20
Weeks in Month	5
Deemed HS/GED?	No
Deemed CS/WE?	No
Hours Deemed	0
Excess CS/WE Hours	0

Case Number	1154
Single/Two Parent	Single
Family Required Hrs/month	100
Holidays in Month	0
Fam FIP CS/WE Max Hrs	-
Fam FIP/FAP CS/WE Max Hrs	104
Met Core Requirement?	No
Met Total Requirement?	No

Deeming for TANF-Funded Participants Who Complete the Maximum Allowable CSP/WEP Hours

Deeming is the act of giving the participant credit for completing core hours when they were unable to complete those hours due to the FLSA restriction.

If the "**Family FIP/FAP CS/WE**" displayed are less than the participant's federally required **CORE** hours and the individual completes the maximum number of hours allowed in CSP or WEP, the remaining **core hours** may be "deemed."

Participants that qualify for deeming are not allowed to use excused absences or holiday hours for the CSP or WEP activities. All hours of participation must be actual hours.

> **Example 1:** During a 4-week month, a 20-hour participant (80 required **core** hours for the month) has 72 "**Family FIP/FAP CS/WE**" allowed for the month (or 18 hours per week). For a 5-week month, a 20-hour participant (100 core hours for the month) also has 72 "**Family FIP/FAP CS/WE**" allowed for the month. The participant is assigned and completes all 72 hours in the CSP activity. The participant is deemed as meeting work participation for the month.

View Welfare Registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Jean Doe			Work First Referral - 1		12/16/2013	1	-	(6) Single Parent - Child Under 6
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$306 for May 2014 View All		72 hrs/month	20 hrs/week for May 2014		240 hrs/yr	No	No	Expired - 120 day limit

Breakdown of how Participant Met Work Participation – 4-week month

72 hours = Actual participation in CSP activity
8 hours = Deemed Core hours
80 hours =Total hours for the month

Breakdown of how Participant Met Work Participation – 5-week month

72 hours = Actual participation in CSP activity
28 hours = Deemed Core hours
100 hours =Total hours for the month

The MWA must enter a separate case note in OSMIS to indicate that the participant has been assigned to CSP and/or WEP at the hourly level to satisfy deeming. *(e.g., Jean is assigned to 72 hours of CSP for the month of February to qualify for deeming.)*

If the participant was unable to complete the maximum hours allowed in a CSP and/or WEP activity, deeming does not apply and individual must complete the federal required hours by participating in other core activities.

Example 1a: If the participant above only completed 60 hours in the assigned CSP activity, deeming would not be an option and the participant would have to complete 20 hours of participation in other core activities to meet work participation in the 4-week month.

The MWA should enter another case note to indicate that the participant had been assigned to CSP and/or WEP at the hourly level to satisfy deeming but was unsuccessful so deeming is no longer an option. *(e.g., Jean was assigned to 72 hours of CSP for the month of February but was unsuccessful and will not be deemed.)*

Provision for Participants with 30 Average Weekly Required Hours

The provision of deeming only applies to the CORE required hours. Participants with a federal requirement of 30 average weekly hours only have 20 **core** hours. The remaining 10 average hours per week are designated as non-core hours, even though all 30 hours may be completed in core activities.

Example 2: During a 4-week month, a 30-hour participant (80 **core** hours and 40 non-core hours total 120 hours for the month) has **66** "**Family FIP/FAP CS/WE**" allowed for the month (or 16 hours per week). For a 5-week month, a 30-hour participant (100 core hours and 50 non-core hours total 150 hours for the month) also has **66** "**Family FIP/FAP CS/WE**" allowed for the month. The participant is assigned and completes all **66** hours in the CSP activity. The participant may be deemed for meeting their requirement for the month, as long as they also complete their 40/50-hour non-core requirement in other activities (core or non-core).

View Welfare Registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Jessica Doe			Work First Referral - 1		12/16/2013	1	-	(6) Single Parent - Child Under 6
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$306 for May 2014 View All		66 hrs/month	30 hrs/week for May 2014		240 hrs/yr	No	No	Expired - 120 day limit

Breakdown of how Participant Met Work Participation – 4-week month

66 hours = Actual participation in CSP activity
14 hours = Deemed Core hours
40 hours = Actual participation in other activities (core or non-core)
120 hours = Total hours for the month

Breakdown of how Participant Met Work Participation – 5-week month

66 hours = Actual participation in CSP activity
34 hours = Deemed Core hours
50 hours = Actual participation in other activities (core or non-core)
150 hours =Total hours for the month

The MWA must enter actual hours in OSMIS and maintain acceptable documentation, as described in this policy. Hours deemed will be displayed on the participant's countable hours report.

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

A two-parent FIP household in which one parent is receiving SSI is required to participate an average of 30 hours per week, regardless of the age of the youngest child in the family

Acceptable Forms of Documentation

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

Where signatures are required, electronic signatures may be accepted.

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

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

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

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

-- OR --

- By a documented contact with an employer through one of the following methods:
  - A WR-201 or WR-202 Verification of Employment Hours form

-- OR --

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

Note:

- The MWA may accept employment documentation that is dated prior to participation in PATH when a participant is employed at time of referral.

- Written statements from employers or completed WR-201 or WR-202 Verification of Employment Hours forms must not be used as verification of participation hours, unless the documentation was completed after the hours have actually been worked.

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

An MWA may report projected actual hours of employment participation for up to six months based on current, documented actual hours of work, assuming hours worked will remain constant. All documentation must conform to the requirements above. Projections are to be generated as follows:

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

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

  If there is a gap in the pay stubs, the MWA may calculate the missing pay period by using the year-to-date information on submitted pay stubs.

-- OR --

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

  Reminder: Written statements from employers or completed Verification of Employment Hours forms (WR-201 or WR-202) must not be used as verification of participation hours, unless the documentation was completed after the hours have actually been worked.

  Note: the MWA may use information from pay stubs dated prior to participation in PATH to project hours of employment; however, the information is only valid for six months from the date of the pay stub - not from when the MWA received it.

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

2. Self-Employment

MWAs must collect copies of a participant's documentation of gross business sales and expenses, attach the copies to the completed WR-203 Self-Employment Cover Sheet, and maintain this packet in the participant's case file. Documentation may consist of personal checks, business receipts, billing invoices, or accounting records. (Self-reporting by a participant *without* additional verification is not sufficient documentation.)

The cover sheet includes the following formula:

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

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

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

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

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

Projecting Hours of Self-Employment

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

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

In order to count job search activities that a participant engages in **outside the MWA service center**; participants must maintain a **daily** record of all

employers visited or contacted by using the Outside Job Search Contact Log (WR-204 or WR-205).

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

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

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

The Activity Log (WR-206, WR-207, WR-208 or WR-209) is to be used to document the participant's time spent in JS/JR activities at the MWA service center or at another supervised location, such as a substance abuse treatment appointment.

If the MWA has their own time keeping methods for JS/JR at the service center, such as time cards or electronic monitoring, they may be used in place of the Activity Log, *if* it fulfills the documentation requirements below:

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

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

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

The Activity Log (WR-206, WR-207, WR-208 or WR-209) is to be used to document the participant's time spent engaged in WEP or CSP.

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

- Participant's name
- Actual hours and dates of participation
- Name of the work site

- Name, signature, and contact information of the individual verifying the information

The Activity Log

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

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

The Childcare Services for CSP Participant form (WR-210 or WR-211) is to be used to document this activity.

7. Educational Activities

The Education Log (WR-212, WR-213, WR-214 or WR-215) is to be used to document the activities below.

Performed at an Educational Institution or Through Distance Learning

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

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

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

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

Alternative Documentation Process for Distance Learning

If the educational institution will not sign the participant's Education Log (WR-212, WR-213, WR-214 or WR-215) and the institution does not have its own record keeping method for attendance for distance learning programs that meets the criteria above, the following process may be followed:

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

Study Time

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

- Unsupervised study time entered may not exceed the actual time spent in classroom (seat time).

- Supervised study time must occur in a formal study hall at the MWA or the educational institution, where an MWA staff person or appropriate representative of the educational institution, can verify the participant's hours of study on the Education Log (WR-212, WR-213, WR-214 or WR-215).

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

The 18 & 19-Year-Olds High School/GED Log (WR-216 or WR-217) is to be used to document this activity.

Performed at an Educational Institution or Through Distance Learning

If the educational institution has their own record keeping methods such as time cards, attendance records, electronic records, computer log-in/log-out

times, or other official verification it may be used in place of this log, *if* it fulfills the documentation requirements below:

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

Documenting Excused Absences and Holidays

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

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

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

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

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

- New Year's Day
- Martin Luther King Jr. Day

- Memorial Day
- Fourth of July
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

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

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

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

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

Data Verification

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

Found Ineligible Referrals

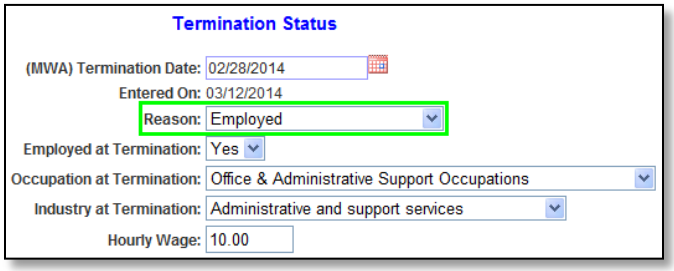
Please note the following automated OSMIS procedures regarding individuals who are "found ineligible" by DHS subsequent to being referred.

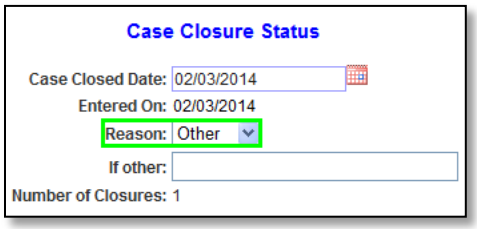
- If an individual is found ineligible for FIP benefits after being referred to the MWA, and the individual **has not** attended orientation, the OSMIS will set the "Last Day to Attend" in the OSMIS to the date the individual was found ineligible and will inactivate the record. No action is required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

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

Case Closure Status Other and Employed Participants

If a PATH participant is employed at the time Bridges sends a "Case Closure Status Other," the MWA may modify the OSMIS Termination Reason to "Employed," as long as there is verification of employment in the case file.





Verification includes documentation obtained to support entry of actual hours; such as, pay stubs, third party verifications, and employer contacts. If these records do not exist, a contact with DHS or the employer confirming the participant is employed is sufficient. In this situation an OSMIS case note is required.

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

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

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

Expiration Date: Continuing

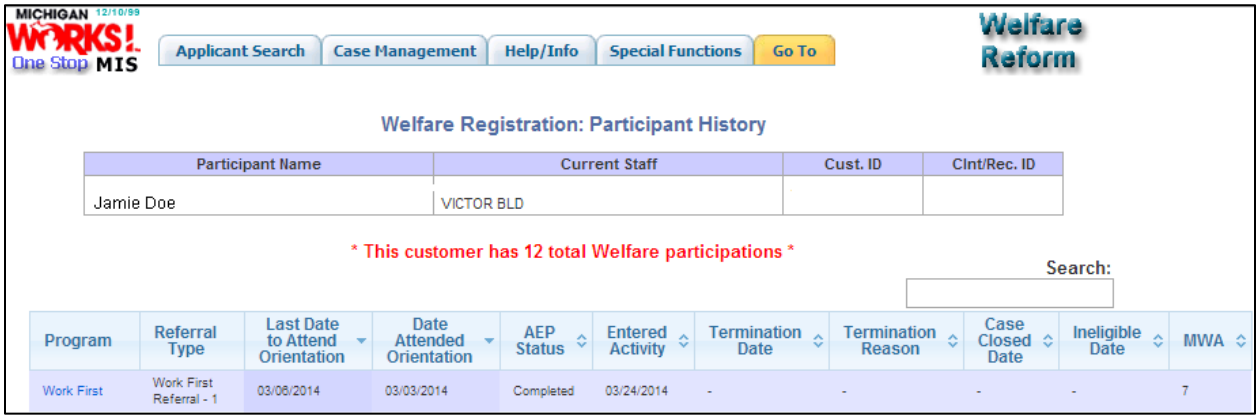
GC:LM:pv
Attachments

ENTRY OF ACTUAL HOURS

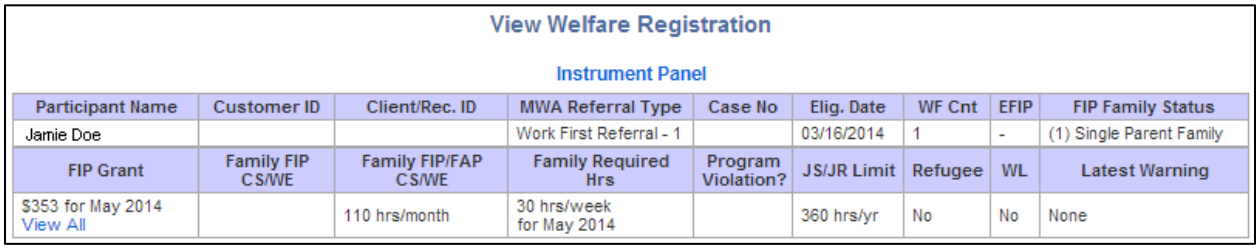
INTO THE ONE-STOP MANAGEMENT INFORMATION SYSTEM (OSMIS)

Welfare Reform

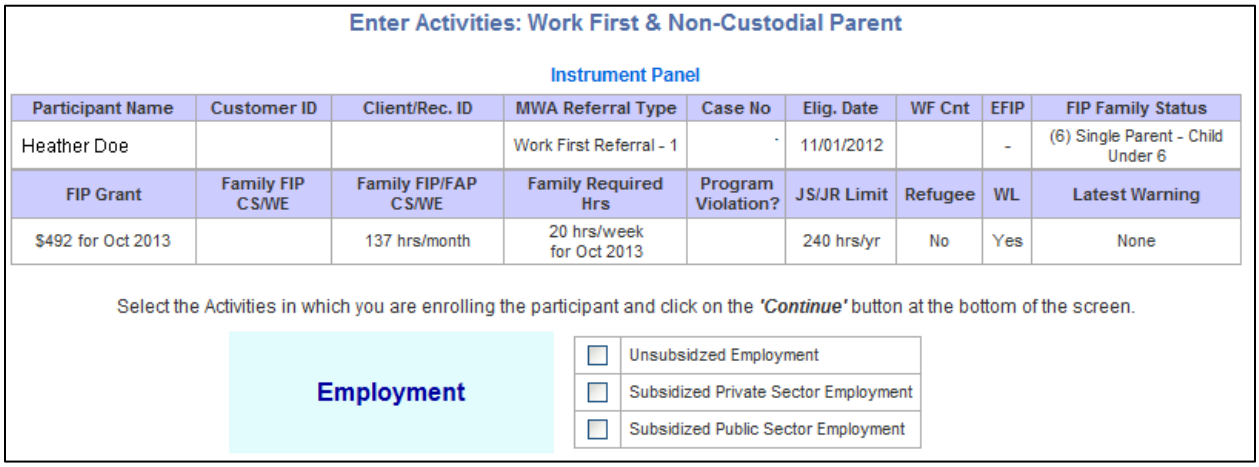
"Participant History" screen



"Welfare Registration" Header



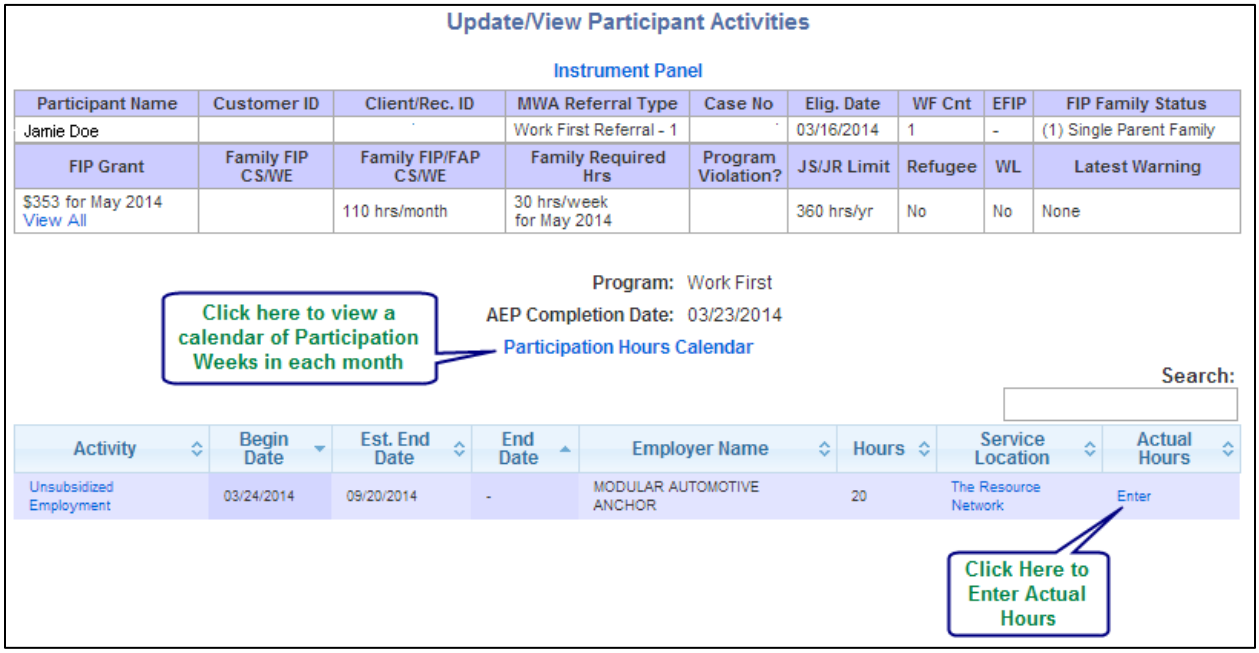
"Enter Activities" screen



Entering Actual Hours

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

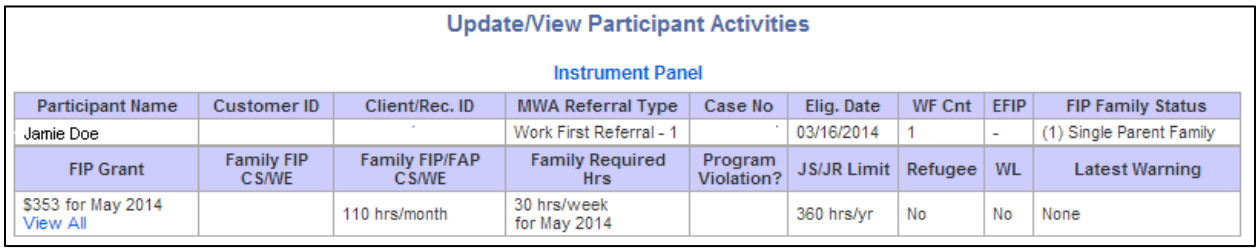
Clicking on "Enter" in the "Actual Hours" column opens the "Enter Actual Hours" screen. Here you can enter hours for each week of an activity. The week time period runs from Sunday to Saturday and you cannot enter hours for a given week until today's date is subsequent to Sunday's date of the week you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



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

Entering Projected Hours of Employment

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



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

Enter these Actual Hours: 20

for the inclusive range of weeks starting: Sunday 03/09/2014

and ending: Sunday 11/02/2014

Autofill Actual Hours

Click Here to Auto Fill Actual Hours

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday
1	03/09/2014		N/A	N/A	N/A
2	03/16/2014		N/A	N/A	N/A
3	03/23/2014		N/A	N/A	N/A

Entering JS/JR Actual Hours

A maximum of 240 hours of JS/JR in the preceding 12-month period may be counted towards the participation requirements of single custodial parents with a child under age six, and a maximum of 360 hours of JS/JR may be counted toward the participation requirements of all other individuals. Also, only four consecutive weeks of JS/JR will be counted toward federal work participation.

If more than 240/360 hours are entered into the OSMIS, the system will display an error message such as the one below. For an accurate representation of the JS/JR hours that have been applied to the 240/360 limit, please view the participant's Countable Hours or Limits History report via the Instrument Panel or via the WPR Reports within the Special Functions tab.

Enter Actual Hours: Job Search and Job Readiness (JSJR)

- Job Search/Job Readiness limit is 360 hours per year. All other hours will not count toward Work Participation.
- If the information you entered is correct, please 'Confirm' to update the registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Tamika Doe			Work First Referral - 1	-	04/01/2012	1	-	(2) Two Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	35 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Other Non-Countable Hours (ONCH)

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

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	03/02/2014			N/A	N/A	10
2	03/09/2014			N/A	N/A	20
3	03/16/2014			N/A	N/A	25
4	03/23/2014			N/A	N/A	25

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

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	03/02/2014			N/A	N/A	10
2	03/09/2014			N/A	N/A	20
3	03/16/2014			N/A	N/A	25
4	03/23/2014			N/A	N/A	25

30 Hour Particpant during a 4 week month = 120 Required Hours

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

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	03/02/2014	30		N/A	N/A	10
2	03/09/2014	30		N/A	N/A	
3	03/16/2014	30		N/A	N/A	10
4	03/23/2014	30		N/A	N/A	

30 Hour Participant during a 4 week month = 120 Required Hours

Hours Not Needed

Entering VET Hours as ONCH

If an individual participated in a minimal number of hours of VET in a month, the hours may be entered as ONCH as shown below. This hours' management technique will avoid unnecessarily exhausting the individual's 12-month lifetime limit on VET if the hours were not needed to meet work participation. However, in order to apply the hours toward the federal work participation requirements, the actual hours should be entered as the non-core activity "Job Skills Directly Related to Employment."

Enter Actual Hours: VET - Vocational Occupational Training

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Tamika Doe			Work First Referral - 1		04/01/2012	1	-	(2) Two Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	35 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	03/09/2014	0		N/A	N/A	6
2	03/16/2014	0		N/A	N/A	
3	03/23/2014	0		N/A	N/A	

Hours Not Needed to Meet WPR

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

Displaying ONCH Hours on the Actual Hours Status Page

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

Actual Hours Status Page

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Tamika Doe			Work First Referral - 1		04/01/2012	1	-	(2) Two Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	35 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Region Code: 95014 **Attended General Orientation Date:** 04/02/2012

Second Parent FIA Number: **Second Parent Name:** Doe, Chris

Participation Hours Calendar

List of Actual Hours for Weeks starting on or after **03/02/2014** and ending on or before **03/29/2014**.

Week Begin Date	13	33	50	TOTAL
03/02/2014	35	-	-	35
03/09/2014	20	15	0	35
03/16/2014	20	15	0	35
03/23/2014	20	15	0	35
TOTAL	95	45	0	140

Legend

Service Code	Description
13	Job Search and Job Readiness (JSJR)
33	Community Service Programs
50	VET - Vocational Occupational Training

List of Other Non-Countable Hours for Weeks starting on or after **03/02/2014** and ending on or before **03/29/2014**.

Week Begin Date	13	50	TOTAL
03/09/2014	10	6	16
03/16/2014	10	-	10
TOTAL	20	6	26

Legend

Service Code - Non-Countable	Description
13	Job Search and Job Readiness (JSJR)
50	VET - Vocational Occupational Training

Entering Community Service & Work Experience Hours

Community Service and Work Experience have a monthly limit on Actual Hours. If more than the allowable hours are entered, which can vary depending on the participant's, "**Family FIP CS/WE**" or "**Family FIP/FAP CS/WE**" value the system will display an error like the one shown below. Please note the error message will also appear if the "**Family FIP CS/WE**" and "**Family FIP/FAP CS/WE**" fields are both left blank.

Enter Actual Hours: Work Experience

The number of Actual Hours you specified in Row# 4 (25) would cause the overall number of such hours for the 'Work Experience' or 'Community Service Program' activities for the month of April 2014 to total 100 hours. This would be above the limit of 99.
If the information you entered is correct, please 'Confirm' to update the registration

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for April 2014 View All		99 hrs/month	30 hrs/week for April 2014		360 hrs/yr	No	No	None

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday
1	03/30/2014	25		N/A	N/A
2	04/06/2014	25		N/A	N/A
3	04/13/2014	25		N/A	N/A
4	04/20/2014	25		N/A	N/A

Entering Hours in "High School/GED for 18/19-Year-Olds" Activity

High School/GED for 18/19-Year-Olds is limited to participants without a high school diploma or GED, under the age of 20.

An error message similar to the one below will appear if the activity is entered for a participant older than 19-years-old. This error was based on a participant with a 9/10/1971 date of birth.

You attempted to enter a new 'High School/GED for 18/19 year olds' activity with a 10/09/2012 Service (Start) Date, which is outside the legal timeframe that includes start dates between 09/10/1989 and 09/30/1991.

When an eligible participant is placed in the High School/GED for 18/19-Year-Olds activity, the following message will appear on the Update/View Participant Activities Screen:

Update Welfare Registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Sharon Doe			Work First Referral - 1		12/16/2013	1	-	(6) Single Parent - Child Under 6
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$492 for May 2014	66 hrs/month	-	20 hrs/week for May 2014		240 hrs/yr	No	No	None

Warning: The Participant has an open 'High School/GED for 18/19 Year Olds' activity. Please exit the activity within the correct timeframe.

Actual hours equal to, or greater than, zero along with satisfactory attendance will be recorded in the Enter Actual Hours screen as reflected below:

Enter Actual Hours: High School/GED for 18/19 Year Olds

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Satisfactory Attendance?
1	12/02/2012	35	Yes
2	12/09/2012	35	Yes
3	12/16/2012	35	Yes
4	12/23/2012	0	Yes

Zero hours are acceptable due to winter break

Entering Excused Absences and Holiday Hours

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

Enter Actual Hours: Job Search and Job Readiness (JSJR)

- The number of Excused Absence Hours you specified in Row# 2 would cause the overall number of such hours for the month of April, 2014 across all of this Applicant's Actual Hours records, to total 20 hours. The "Excused Absence" limit is 16 hours per month and all other hours will not count toward Work Participation.
- If the information you entered is correct, please 'Confirm' to update the registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Alicia Doe			Work First Referral - 1		09/16/2013	1	-	(6) Single Parent - Child Under 6
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2014		101 hrs/month	20 hrs/week for Jun 2014		360 hrs/yr	No	No	None

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	04/20/2014	20		N/A	N/A	
2	04/27/2014		20	N/A	N/A	

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

Enter Actual Hours: Job Search and Job Readiness (JSJR)

- The number of Holiday Hours you specified in Row# 2 (10) exceeds the overall number of holiday hours for the week of 01/20/2013. During that week, the limit is 8 hours due to the Martin Luther King Jr. holiday.
- Current transaction can not be completed. Please correct above errors and re-submit request

Participation Hours Calendar

Use this section to manually enter Actual Hours:

Row#	Week Begin Date	Actual Hours	Excused Absence Hours	Holiday Hours	Type of Holiday	Other Non-Countable Hours
1	01/13/2013	20		N/A	N/A	
2	01/20/2013	10		10	Martin Luther King Jr.	

Changing the Activity Begin Date and/or End Date, and the Effect on Actual Hours

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

Activity Start Date Change

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

Enter Activity: Job Search and Job Readiness (JSJR)

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	30 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Hours: 20 per week

Start Date: 04/07/2014

Confirm Activity: Job Search and Job Readiness (JSJR)

- Warning: By giving this activity's Start Date a new value, the application will automatically create Actual Hours records with a default value of zero (0) hours for all weeks starting with the week of Sunday 03/30/2014 and up to the week of Sunday 03/30/2014. Please 'Confirm' if you wish to continue with this change anyway.

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	30 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Hours: 20 per week

Start Date: 03/31/2014

Activity End Date Change

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

Actual Hours before End Date was Changed:

List of Actual Hours for Weeks starting on or after **03/30/2014** and ending on or before **04/27/2014**.

Week Begin Date	13	17	TOTAL
03/30/2014	30	25	55
04/06/2014	20	25	45
04/13/2014	20	25	45
04/20/2014	20	25	45
04/27/2014	20	-	20
TOTAL	110	100	210

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

Confirm Activity: Job Search and Job Readiness (JSJR)

- Warning: By modifying this activity's End Date, the Actual Hours records that had been entered for all weeks starting with the week of Sunday 04/27/2014 and up to the week of Sunday 04/27/2014 will automatically be deleted by the application. Please 'Confirm' if you wish to continue with this change anyway.

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for May 2013 View All		99 hrs/month	30 hrs/week for Jul 2013		360 hrs/yr	No	No	None

Hours: 20 per week

Start Date: 03/31/2014

Estimated End Date:

End Date: 04/25/2014

Actual Hours after End Date was Changed:

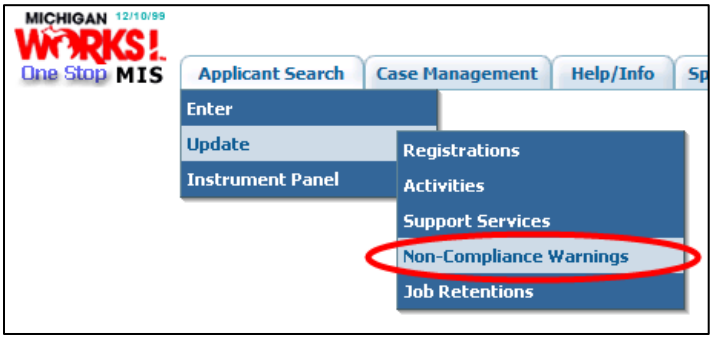
List of Actual Hours for Weeks starting on or after **03/30/2014** and ending on or before **04/27/2014**.

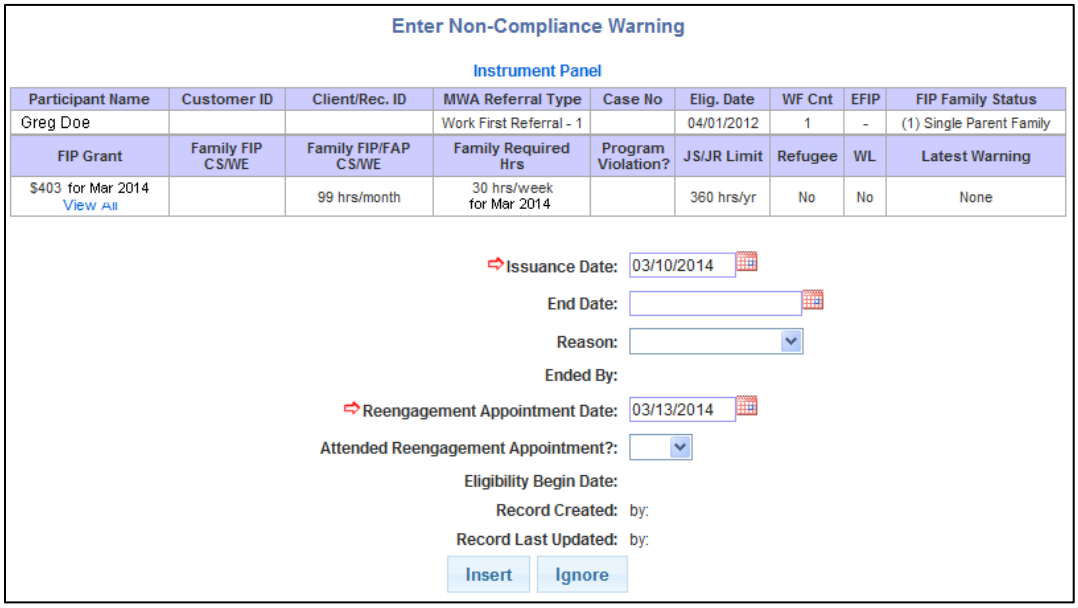
Week Begin Date	13	17	TOTAL
03/30/2014	30	25	55
04/06/2014	20	25	45
04/13/2014	20	25	45
04/20/2014	20	25	45
TOTAL	90	100	190

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

Tracking Non-Compliance Warnings

This section tracks the warning notices and associated reengagement appointments.





"Enter Non-Compliance Warning" screen fields

- **"Issuance Date"** field is the date the participant was issued the "Non-Compliance Warning."

- **"End Date"** field is the date the participant's "Non-Compliance Warning" ended. If the warning is still active on the 121st day after the issuance date or the client receives a new episode of assistance as determined by the eligibility begin date, this field will automatically display the date of the expiration. The user may also enter an end date to rescind the non-compliance warning prior to the expiration.

- **"Reason"** field will display the reason the warning was ended. If the warning is still active on the 121st day after the issuance date, then this field will automatically display "Expired – 120 Day Limit." If the warning is still active and the client receives a new episode of assistance as determined by the eligibility begin date, then this field will automatically display "Expired – New Eligibility Date." If the user manually rescinds the non-compliance warning, the user should select "Rescinded by Staff." Only one "Expired" reason displays, whichever is the first expiration reason that is reached.

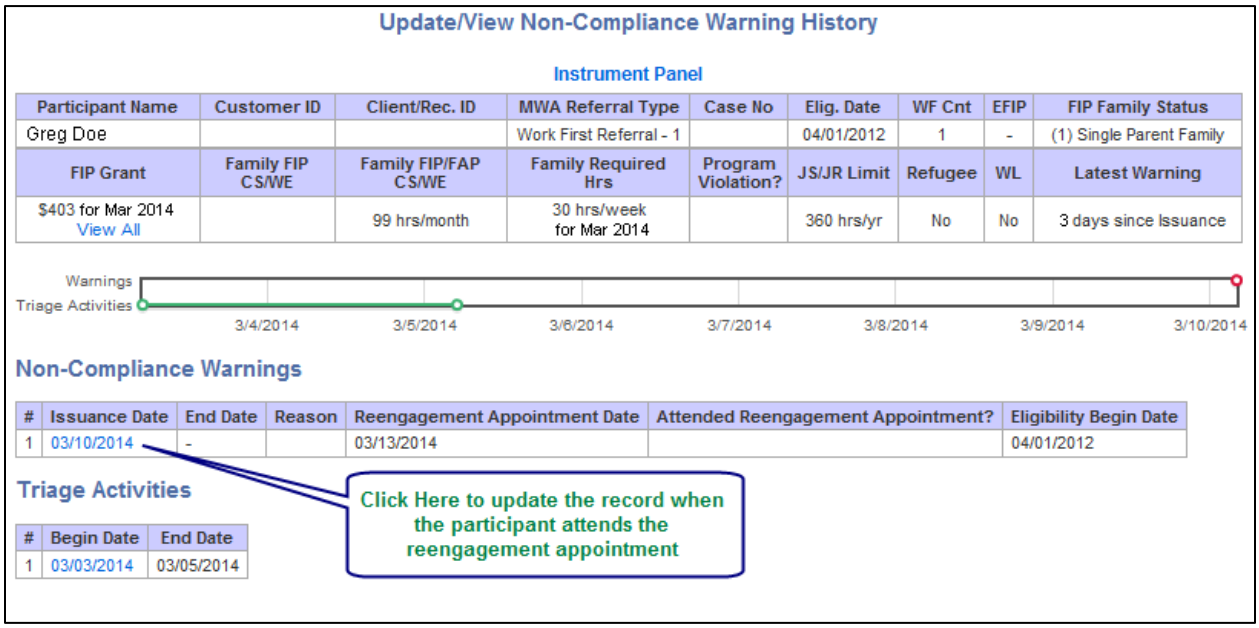
- **"Ended By"** field is auto-filled with the OSMIS username of the individual who entered the "Reason."

- **"Reengagement Appointment Date"** field reflects the date the PATH participant is scheduled for a reengagement appointment with the PATH provider as documented on the Noncompliance Warning Notice.

- **"Attended Reengagement Appointment"** field is used to indicate whether the participant attended their reengagement appointment.

Non-Compliance Warning History

This screen displays a history of all Warnings issued, expired and/or rescinded for the PATH participant. Additionally, this screen displays a history of all the "Assigned to Triage" Activities entered for the PATH participant.



Updated Record after Reengagement Appointment:

Non-Compliance Warnings

#	Issuance Date	End Date	Reason	Reengagement Appointment Date	Attended Reengagement Appointment?	Eligibility Begin Date
1	03/10/2014	-		03/13/2014	Y	04/01/2012

Rescinding the Warning Notice:

Non-Compliance Warnings

#	Issuance Date	End Date	Reason	Reengagement Appointment Date	Attended Reengagement Appointment?	Eligibility Begin Date
1	03/10/2014	-		03/13/2014	Y	04/01/2012

Triage Activities

#	Begin Date	End Date
1	03/03/2014	03/05/2014

Click Here if you choose to Rescind the Warning Notice

Issuance Date: 03/10/2014

End Date: 03/31/2014

Reason: Rescinded by staff

Ended By: SDA33

Enter information and click update

Timeline

A timeline is available on the "Update/View Non-Compliance Warning History" screen, which allows a user to see a timeline of the beginning and end dates of all warnings and/or assigned to triage activities for the PATH participant. Rolling the mouse over the begin or end period of a warning or triage activity will display the actual begin or end date of the associated warning or triage activity.

Update/View Non-Compliance Warning History

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for Apr 2014 View All		99 hrs/month	30 hrs/week for Apr 2014		360 hrs/yr	No	No	16 days since Issuance

WR Participant Header – "Latest Warning"

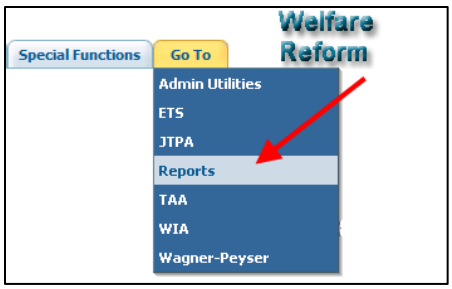
Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Greg Doe			Work First Referral - 1		04/01/2012	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$403 for Apr 2014 View All		99 hrs/month	30 hrs/week for Apr 2014		360 hrs/yr	No	No	16 days since Issuance

- **"None"** – displays if the PATH participant has not been issued a warning.
- **"XXX days since issuance"** – displays the number of days elapsed since the most recent warning has been issued**.**
- **"Expired – 120 Day Limit"** – displays if the warning has expired due to reaching the 121st day since issuance.
- **"Expired – New Eligibility Date"** – displays if the warning has expired due to a new episode of FIP assistance.
- **"Rescinded by Staff" –** displays if the most recent warning has been manually rescinded.

Active Non-Compliance Warning Report

A report titled "WFWARNING" is available which lists all PATH participants with an active "Non-Compliance Warning" that was issued within the specified date range on the report selection criterion. The report does not display the warning if it is expired or was rescinded.



WFWARNING - Active Non-Compliance Warnings Listing

Date Produced: 03/25/2013 08:04:47 AM Date Range: 03/25/2012 to 03/25/2013 MWA ID: 7
Region Code: ALL County: ALL Case Manager: ALL

Row#	Participant Name	Client/Rec ID	Region All	County All	Case Manager All	Issuance Date	Days Since Issuance	Reengagement Appt Date	Attended Appt? All	Assigned to Triage
1	LAST1, FIRST1 M	11917037		WAYNE	UNKNOWN, UNKNOWN	03/05/2013	21	03/20/2013		
2	LAST2, FIRST2 S	66293108		WAYNE	UNKNOWN, UNKNOWN	02/27/2013	27	03/07/2013		02/25/2013

Print Email Close

Work-Ready with Limitations Indicator

Work-Ready with Limitations (WL) individuals have the same activity options and actual hours entry as PATH participants. The WL indicator is displayed in the Welfare Reform Header and the following reports WF310, WF720, and WF722

Update Welfare Registration

Instrument Panel

Participant Name	Customer ID	Client/Rec. ID	MWA Referral Type	Case No	Elig. Date	WF Cnt	EFIP	FIP Family Status
Jasmine Doe			Work First Referral - 1		08/01/2013	1	-	(1) Single Parent Family
FIP Grant	**Family FIP CS/WE**	**Family FIP/FAP CS/WE**	**Family Required Hrs**	**Program Violation?**	**JS/JR Limit**	**Refugee**	**WL**	**Latest Warning**
$492 for May 2014	66 hrs/month	-	30 hrs/week		360 hrs/yr	No	Yes	None

VERIFICATION OF EMPLOYMENT HOURS

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

Section 1 - Employment Information
(To Be Completed By Employer or By MWA Staff if Done Via Phone Contact)

Employer Name: _____ _____	**Employer Address, Phone, & Fax:** _____ _____ _____
Date Employment Began: _____	**Average Actual Weekly Hours Worked:** _____
Wage: _____ **Job Title:** _____	**Notes:** _____ _____ _____ _____ _____

How Often Paid?

- ☐ Weekly
- ☐ Twice Monthly
- ☐ Every 2 Weeks
- ☐ Monthly

Section 2 – To Be Completed by Employer

Person Completing Form _____ **Title** _____
(Print First & Last Name)

Signature_____ **Date** _____

Section 3- To Be Completed by MWA Staff if Employment is Verified Via Phone

_____
(Name of Employer's Staff Verifying Employment Hours)

_____
(Name of MW! Staff)

_____ _____
(Title of MW! Staff) **(Date of Call)**

WR-201 (Revised: -5/22/14)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

VERIFICATION OF EMPLOYMENT HOURS

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

Section 1 - Employment Information
(To Be Completed By Employer or By MW! Staff if Done Via Phone Contact)

Employer Name:	**Employer Address, Phone, & Fax:**
Date Employment Began: _____	**Average Actual Weekly Hours Worked:**

Wage:

Job Title:

Notes:

How Often Paid?

- ☐ **Weekly**
- ☐ **Twice Monthly**
- ☐ **Every 2 Weeks**
- ☐ **Monthly**

Section 2 – To Be Completed by Employer

Person Completing Form: _____ **Title:** _____
(Print First & Last Name)

Signature:_____ **Date:** _____

Section 3- To Be Completed by MW! Staff if Employment is Verified Via Phone

_____
(Name of Employer's Staff Verifying Employment Hours)

_____
(Name of MW! Staff)

_____ _____
(Title of MW! Staff) **(Date of Call)**

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

SELF-EMPLOYMENT COVER SHEET
Income and Expense

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

Month/Year: _____

FOR MWA USE ONLY BELOW
(To Be Completed By MWA Staff)

Total Revenue – Expenses = Net Business Sales*

_____ - _____ = _____

Net Business Sales / Federal Min. Wage = Monthly Actual Hours

_____ / _____ = _____

Monthly Actual Hours / Number of Weeks in Month (Per TANF Calendar) = Average Weekly Hours

_____ / _____ = _____

Name of Michigan Works! Staff Verifying Information

(Please Print)_____ **Date** _____
(First & Last Name)

MWA Staff Title _____

ALL DOCUMENTATION OF INCOME AND EXPENSES MUST BE ATTACHED TO THIS COVER SHEET.

Per WDASOM policy self-reporting by a participant without additional verification is not sufficient documentation.

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

WR-203 (Revised 04/01/13)

Equal Opportunity Employer / Service Provider. Michigan Relay Center (800) 649.3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

OUTSIDE JOB SEARCH CONTACT LOG

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

MW! {ŭl·ŦŦ Name: _____
(Please Print)

Week Begin Date (Sunday) : _____**Week End Date (Saturday):** _____

Due

Date: _____

Time:_____

Date	Mileage (See case manager)	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)	Actual Time Spent (check one)
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr
				Interview Application Resume Follow-up Internet Other_____	□ 15 Min □30 Min □ 45 Min □60 Min □ If more than 1 hr

Participant Signature:_____

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

Total Hours Above: _____

Page _____ **of** _____

WR-204 w/mileage (Revised Date: 02/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

MICHIGAN WORKS!

OUTSIDE JOB SEARCH CONTACT LOG

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

Michigan Works! {ůĺ·ŦŦ Name: _____
(Print First & Last Name)

Week Begin Date (Sunday) : _____**Week End Date (Saturday):** _____

Due
Date: _____

Time:_____

Date	Employer Name & Phone Number	Employer Address or Website Address	Activity (circle one)	Actual Time Spent (check one)
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____
			Interview Application Resume Follow-up Internet Other_____	☐ 15 Min ☐ 30 Min ☐ 45 Min ☐ 60 Min ☐ If more than 1 hr _____

Participant Signature:_____

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

Total Hours Above: _____

Page _____ **of** _____

WR-205 (Revised Date: 02/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

ACTIVITY LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required Hours: _____

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

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

Any community service (CSP) or work experience (WEP) hours MUST be approved by your MWH Staff before you complete the l·ÖúÄØúë

In accordance with the Fair Labor Standard Act, your maximum monthly hours limit for WEP/CSP is

ACTIVITY

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

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

Total Hours:_____

WR-206 (Revised Date: 02/13/13)

Equal Opportunity Employer/ Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

MICHIGAN WORKS!

ACTIVITY LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required Hours: _____

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

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

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

In accordance with the Fair Labor Standard Act, your maximum monthly hours limit for WEP/CSP is

ACTIVITY

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

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

Total Hours:_____

WR-207 w/mileage (Revised Date: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777). Auxiliary Aids and Services Available to Individuals with Disabilities.

MICHIGAN WORKS!

ACTIVITY LOG

Sunday _____ to Saturday _____

Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID:_____

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MICHIGAN WORKS!

ACTIVITY LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required *Hours:* _____

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

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

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

In accordance with the Fair Labor Standard Act, your maximum monthly hours limit for WEP/CSP is

ACTIVITY #1

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

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

Total Hours:_____

ACTIVITY #2

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

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

Total Hours:_____

WR-209 Two activities w/mileage (Revised Date: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

MICHIGAN WORKS!

CHILDCARE SERVICES FOR CSP PARTICIPANT

Sunday _____to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

MW! Staff Overseeing the Activity:_____ _____
(Print First & Last Name) (Title)

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	SIGNATURE OF INDIVIDUAL PARTICIPATING IN COMMUNITY SERVICE PROGRAM

Total Hours:_____

WR-210 w/mileage (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

CHILDCARE SERVICES FOR CSP PARTICIPANT

Sunday _____to Saturday _____

Due Date _____ Time _____

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

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

MW! Staff Overseeing the Activity:_____ _____

(Print First & Last Name) (Title)

DATE	ACTUAL HOURS OF PARTICIPATION	SIGNATURE OF INDIVIDUAL PARTICIPATING IN COMMUNITY SERVICE PROGRAM

Total Hours:_____

WR-211 (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

EDUCATION LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

MWA USE ONLY

Class Time: _____

Supervised: _____

Unsupervised: _____

Total Hours: _____

Participant Name: _____ Client/Recipient ID:_____
(Please Print)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

Name of Educational Provider:_____

CHECK ONE: ☐ Vocational Educational Training ☐ GED/HS ☐ Education Directly Related to Employment ☐ Job Skills Directly Related to Employment

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Classroom Hours: _____

SUPERVISED STUDY TIME (Optional)

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION (Please Print).	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Supervised Study Time: _____

WR-212 (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

EDUCATION LOG

Job Skills Directly Related to Employment

Sunday _____to Saturday _____

Due Date _____ Time _____

MWA USE ONLY
Class Time: _____
Supervised: _____
Unsupervised: _____
Total Hours: _____

Participant Name: _____ Client/Recipient ID:_____
(Please Print)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

Name of Educational Provider:_____

CHECK ONE: ☐ Vocational Educational Training ☐ GED/HS ☐ Education Directly Related to Employment ☐ Job Skills Directly Related to Employment

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Mgr)	NAME & CONTACT INORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Classroom Hours: _____

SUPERVISED STUDY TIME (Optional)

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION (Please Print)	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Supervised Study Time: _____

WR-213 w/mileage (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

EDUCATION LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

MWA USE ONLY

Class time: _____
Supervised: _____
Unsupervised: _____
Total: _____

Participant Name: _____ Client/Recipient ID:_____
(Please Print)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

Name of Educational Provider:_____

CHECK ONE: ☐ Vocational Educational Training ☐ GED/HS ☐ Educational Directly Related to Employment ☐ Job Skills Directly Related to Employment

DATE	TIME IN	TIME OUT	NAME & CONTACT INORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Classroom Hours:_____

SUPERVISED STUDY TIME (Optional)

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION (Please Print)	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Supervised Study Time:_____

WR-214 Time in/Time out (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

EDUCATION LOG

Sunday _____to Saturday _____

Due Date _____ Time _____

MWA USE ONLY

Class Time: _____

Supervised: _____

Unsupervised: _____

Total: _____

Participant Name: _____ Client/Recipient ID:_____
(Please Print)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

Name of Educational Provider:_____

CHECK ONE: ☐ Vocational Educational Training ☐ GED/HS ☐ Educational Directly Related to Employment ☐ Job Skills Directly Related to Employment

DATE	TIME IN	TIME OUT	MILEAGE (See Case Mgr)	NAME & CONTACT INORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Classroom Hours:_____

SUPERVISED STUDY TIME (Optional)

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION (Please Print)	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Supervised Study Time:_____

WR-215 Time in/Time out w/mileage (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

18 & 19-YEAR-OLDS
HIGH SCHOOL/GED LOG

Sunday_____ to Saturday _____

Due Date _____ Time _____

Participant's Name: _____ /ťłŜýŭĸRecipient ID:_____

(Print First & Last Name)

Signature of Participant: _____

By signing above, I agree that the information I am providing is true and accurate.

_____

CHECK ONE: ☐ GED ☐ High School Completion

NAME OF EDUCATIONAL INSTITUTION:_____

DATE	ACTUAL HOURS OF PARTICIPATION	MILEAGE (See Case Manager)

Total Actual Hours:_____

INDIVIDUAL VERIFYING HOURS OF PARTICIPATION:

According to the educational institution's policy, I attest that the participant above has had satisfactory attendance in the high school completion or GED program.

Name: _____ Date: _____

Signature: _____ Phone Number: _____

WR-216 w/mileage (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

MICHIGAN WORKS!

18 & 19-YEAR-OLDS
HIGH SCHOOL/GED LOG

Sunday_____ to Saturday _____

Due Date _____ Time _____

Participant's Name: _____ Client/Recipient ID:_____

(Print First & Last Name)

Signature of Participant: _____

By signing above, I agree that the information I am providing is true and accurate.

_____

CHECK ONE: ☐ GED ☐ High School Completion

NAME OF EDUCATIONAL INSTITUTION:_____

DATE	ACTUAL HOURS OF PARTICIPATION

Total Actual Hours:_____

INDIVIDUAL VERIFYING HOURS OF PARTICIPATION:

According to the educational institution's policy, I attest that the participant above has had satisfactory attendance in the high school completion or GED program.

Name: _____ Date: _____

Signature: _____ Phone Number: _____

WR-217 (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

RETURN TO PATH APPOINTMENT NOTICE

Date: _____

Client/Recipient ID: _____

Dear _____,
(Print Participant First & Last Name)

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

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

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

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

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.

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

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

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

WR-231 (Revised: 04/03/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities.

Noncompliance Warning Notice

Date: _____

Client/Recipient ID: _____

Dear: _____,
(Print Participant First & Last Name)

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

_____
(Insert Details of Noncompliance)

_____

_____

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

Date: _____ Time: _____ Location: _____

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

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

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.

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

Participant Contacted	☐ In Person	☐ By Phone	☐ Unable to Reach		Date: _____
Participant Copy Given	☐ In Person	☐ By Mail	☐ By E-mail	☐ By Fax	Date: _____

If "By Mail," list address where notice was mailed.

_____ _____
(Participant's Name) (Street)

_____ _____
(City) (State and Zip Code)

Warning Notice Rescinded
(If Applicable)

Date: _____ **Reason:** _____

_____

Rescinded by: _____ **Contact:** _____
(Print Name of MW! Staff) (Phone Number)

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

WR-241 (Revised: 05/05/14)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

PATH REENGAGEMENT AGREEMENT

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

Reengagement Appointment Date: _____ Time: _____

From this point forward, I agree to:

- Complete my activities, as assigned
- Turn in my documentation, as required
- Contact the MWA if I need supportive services, and
- Comply with the requirements of this program.

_____ _____
(Participant Signature) (Date)

☐ Participant refused to sign
☐ Participant did not show for reengagement appointment

_____ _____
(MW! Staff Signature) (Date)

MW! Use Only

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

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

Triage Meeting Notice

Date: _____

Client/Recipient ID: _____

Dear: _____,
(Print Participant First & Last Name)

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

_____
(Insert Dates and Details of Noncompliance)

_____

_____

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

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

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.

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

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

Triage Request Notice Issued:	☐ In Person	☐ By Mail	☐ By E-mail	☐ By Fax	Date: _____

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

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

Triage Meeting Notice

Date: _____

Client/Recipient ID: _____

Dear:_____,
(Print Participant First & Last Name)

You are currently considered noncompliant with PATH and a triage meeting has been requested for the following reason(s): (Insert Dates and Details of Noncompliance Below)

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

If you have questions, please contact:_____at _____
(Name of MW! Staff) (Phone Number)

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.

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

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

Triage Meeting Notice Issued:	☐ In Person	☐ By Mail	☐ By E-mail	☐ By Fax	Date:_____

Issued by:_____Contact: _____
(Print name of MW! staff issuing the notice) (Phone Number)

WR-244 Online Version (Revised: 2/13/13)

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

Post-Triage PATH Program Appointment Notice

Date: _____

Client/Recipient ID: _____

Dear: _____,
(Print Participant First & Last Name)

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

You must attend the following reengagement appointment:

Date: _____ Time: _____ Location: _____

_____
(Additional Information)

_____

_____

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

_____ _____
(Participant Signature) (Date)

_____ _____
(MW! Staff Signature) (Date)

_____ _____
(DHS Staff Signature) (Date)

MWA Use Only

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

Equal Opportunity Employer/Service Provider. Michigan Relay Center (800) 649-3777. Auxiliary Aids and Services Available to Individuals with Disabilities

Documentation Checklist (updated 6/25/14)

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

PAID WORK ACTIVITIES

Unsubsidized Employment (excluding self-employment), Subsidized Employment, and On-the-Job Training

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

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

-- OR --

- □ A completed WDA Verification of Employment Hours Form (WR-201 or WR-202) documenting hours that have ALREADY been performed

-- OR --

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

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

Self-Employment

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

- □ Documentation of the participant's monthly net sales based on personal checks, business receipts, invoices, or accounting records

- □ A WDA Self-Employment Cover Sheet (WR-203) which uses the following formulas to determine self-employment hours:
    - Monthly net business sales (gross revenues minus expenses) divided by the federal minimum wage equals Monthly Actual Hours.
    - Monthly Actual Hours divided by number of weeks in month equals average Weekly Actual Hours.

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

JOB SEARCH/JOB READINESS

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

- □ Documented at least every two weeks
- □ Case file contains a completed WDA Activity Log* (WR-206, WR-207, WR-208, or WR-209)

-- OR --

- □ Case file contains an MWA attendance record which includes:
    - Participant's name
    - Actual Hours and dates of participation
    - Name, signature, and contact information of the MWA staff overseeing the activity

* If Job Readiness activity involves substance abuse treatment, mental health treatment, or rehabilitation, case file contains a statement of need from a qualified medical, substance abuse, or mental health professional

Conducted Outside the Service Center

- □ Documented at least every two weeks
- □ Case file contains a WDA Outside Job Search Contact Log (WR-204 or WR-205)

UNPAID WORK ACTIVITIES

<u>Work Experience Program (WEP) and Community Service Program (CSP)</u>

- □ Documented at least every two weeks

- □ Case file contains a WDA Activity Log (WR-206, WR-207, WR-208, or WR-209)

-- OR --

- □ Case file contains a WEP/CSP agency-generated attendance record which includes:
  - Participant's name
  - Actual hours and dates of participation
  - Name of the work site
  - Name, signature, and contact information of the individual verifying the information

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

- □ Documented at least every two weeks

- □ Case file contains a completed WDA Childcare Services for CSP Participant form (WR-210 or WR-211)

EDUCATIONAL ACTIVITIES

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

Performed at an Educational Institution or Through Distance Learning

- □ Documented at least every two weeks

- □ Case file contains a completed WDA Education Log (WR-212, WR-213, WR-214, or WR-215)

-- OR --

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

Study Time

Supervised Study Time

- □ Documented at least every two weeks

- □ Case file contains a completed WDA Education Log (WR-212, WR-213, WR-214, or WR-215)

- □ Case file contains documentation of the educational institution's homework/study time expectations

- □ **Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

Unsupervised Study Time

- □ Documented at least every two weeks

- □ Case file contains documentation of the educational institution's homework/study time expectations

- □ Hours entered do not exceed the actual time spent in classroom (seat time)

- □ **Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

<u>18 & 19-Year-Olds Attending High School or a GED Program</u>

- □ Documented at least every two weeks

- □ Case file contains a completed WDA 18 & 19-Year-Olds High School/GED Log (WR-216 or WR-217)

-- OR --

- □ Case file contains an institution-generated attendance record which includes:
  - Participant's name
  - Actual hours and dates of participation
  - Name of educational provider
  - Name, signature, and contact information of the individual verifying the information
  - A statement from the educational provider that the participant has maintained satisfactory attendance

EXCUSED ABSENCES

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

WELFARE REFORM SERVICE CODES

Updated June 25, 2014

Service Code	Activity	Core/Non-Core	Actual Hours
1	Unsubsidized Employment	Core	Up to 26 Weeks in Future
13	Job Search and Job Readiness (JS/JR)	Core	Current Week
14	On-the-Job Training	Core	Up to 26 Weeks in Future
17	Work Experience	Core	Current Week
21	JS/JR-Sub Abuse Trtmt, Mntl Hlth Trtmt, Rehab Act	Core	Current Week
30	Subsidized Private Sector Employment	Core	Up to 26 Weeks in Future
31	Subsidized Public Sector Employment	Core	Up to 26 Weeks in Future
32	Job Skills Training Directly Related to Employment	Non-Core	Current Week
33	Community Service Programs	Core	Current Week
35	Education Directly Related to Employment	Non-Core	Current Week
37	Providing Child Care for CSP Participant	Core	Current Week
50	VET-Vocational Occupational Training	Core	Current Week
51	High School Completion	Non-Core	Current Week
52	General Equivalency Diploma	Non-Core	Current Week
55	High School/GED for 18/19-Year-Olds	Non-Core	Current Week
72	VET-Condensed Vocational Programs	Core	Current Week
73	VET-Internships, Practicums & Clinicals	Core	Current Week
75	Medical Inactive – 30 days or less	N/A	N/A
80	Pending Deferral Determination	N/A	N/A
81	Assigned to Triage	N/A	N/A
86	Waiting for MRS Consultation	N/A	N/A
87	MRS Activity Other	N/A	N/A
88	Non-Participating Parent - 2 Parent	N/A	N/A