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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT  
TALENT INVESTMENT AGENCY  
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DIRECTOR

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**OFFICIAL**  
**Policy Issuance (PI): 17-15**

**Date:** August 24, 2017

**To:** Michigan Works! Agency (MWA) Directors

**From:** Wanda M. Stokes **SIGNED**  
Director

**Subject:** Food Assistance Employment and Training (FAE&T) Plus Guidelines and Fiscal Year (FY) 2017 Plan Instructions

**Programs Affected:** FAE&T

**Rescissions:** None

**References:** Food and Nutrition Act (the Act) of 2008, 7 U.S.C. § 2011 (2008) (originally enacted as Food Stamp Act of 1977, as amended, Public Law [PL] 88-525 [1964])  
  
Food, Conservation, and Energy Act of 2008 (2008 Farm Bill), PL 110-246 (2008) (codified, as amended, at 7 U.S.C. § 2015)  
  
7 Code of Federal Regulations, Department of Agriculture, Parts 273.7 and 277  
  
PI 15-29, Michigan Works! System Plan Instructions, issued December 1, 2015, and subsequent changes  
  
PI 15-12, Procurement, issued July 17, 2015

**Background:** The Act of 2008 provides that State agencies be given maximum flexibility in designing Employment & Training (E&T) programs for individuals receiving food assistance. An E&T program is a package of services, which includes assessment, component activities, participant reimbursements, and follow-up. The United States Department of Agriculture, Food & Nutrition Service (FNS) provides States with 50 percent reimbursement funds to support and expand robust E&T programs funded with non-federal dollars.

The Michigan Department of Health and Human Services (MDHHS) and the Michigan Talent Investment Agency (TIA) are committed to expanding job-driven E&T services to all Food Assistance Program (FAP) recipients by operating a voluntary FAE&T Plus program. The FAE&T Plus program is connecting with third party partners that focus on employer demand while offering skills training and credentials required to obtain self-sustaining employment.

**Policy:**

This policy is effective February 1, 2017, for Detroit Employment Solutions Corporation (DESC), a Michigan Works! Agency and July 1, 2017, for West Michigan Works! to subcontract with multiple entities to deliver the FAE&T Plus program. The program provides FAP recipients, between the ages of 18 and 60, the opportunity to increase skills and abilities necessary to obtain self-sustaining employment. Participants must not be receiving cash benefits from the MDHHS, and they must be able to work upon program completion.

Program delivery and participant supportive services are paid for with the providers' non-federal funding, and the State of Michigan will request 50 percent reimbursement from FNS. The State of Michigan will not be a source of the non-federal funding. The MWA will receive an amount equal to 10 percent of approved expenditures, and the contractor will receive 40 percent. Attachment A represents the funding designated for each MWA.

The MWA must ensure providers have access, and the training, to appropriately document participation in the One Stop Management Information System (OSMIS). The MWA must confirm participation and eligibility each month via OSMIS to request reimbursement for allowable expenditures.

***Referral and Eligibility Verification***

All contracted entities should actively recruit eligible participants from their service area and may also accept referrals from MDHHS and the local MWA. The MWA is responsible for documenting a process where the necessary information is provided to the MDHHS to determine eligibility and appropriateness to assign the individual to the FAE&T Plus program. This process should include the MDHHS facilitating the electronic referral via the Bridges system. The referral type in the OSMIS will display as 'Volunteer,' 'FAP Family,' or 'ABAWD TLFA.' ('ABAWD TLFA' is the acronym for Able-Bodied Adults Without Dependents with Time-Limited Food Assistance.) **Please note** the MWA must also abide by the TIA policy 17-01c1 and subsequent changes if the participant has an ABAWD TLFA referral type.

***Program Orientation***

All referred individuals must be provided an orientation prior to their 'Last Date to Attend Orientation' as indicated in the OSMIS. The orientation should consist of an overview of the program, responsibilities of the participant, and the consequences for noncompliance as it relates to the general work requirement. FAE&T Plus is a voluntary program; and as such, participants

will not lose their FAP benefits for non-participation in the program. The participant must consent to enrollment in FAE&T Plus. Form WR-250 is attached to this policy as a sample FAE&T Plus acknowledgement form. The time spent in the orientation session must be documented on the OSMIS in the 'Educational/Training Prgrms-Emp Enhancement Svcs' activity.

### ***Assessment and Individual Service Strategy***

The MWA is responsible for ensuring each participant receives a thorough assessment to evaluate the participant's skills, educational levels, prior work experience, barriers to employment, employability, and whether the participant has limited ability in speaking, reading, writing or understanding the English language. The assessment may be completed prior to enrollment in FAE&T Plus; however, the assessment must be completed before enrolling an individual in an activity in the OSMIS.

An Individual Service Strategy (ISS) is required electronically in OSMIS for all participants and includes the results of the completed assessment process. In addition, the ISS should include the individual's career goals and the steps that will be taken to help participants overcome all identified career barriers while supporting the participant's strengths and goals. The ISS must be updated and revised as the participant's circumstances change, but not less than once per year.

The ISS template must include all information necessary to complete data entry in the OSMIS. FAE&T Plus providers can use their existing ISS template upon MWA review and approval. An acknowledgement copy of the ISS must be provided to the participant.

### ***Case Management***

All participants must be assigned a case manager for the duration of the program. Intensive case management must be provided to help participants successfully accomplish their educational and employment goals. The hours spent in case management activities should be included as participation in the approved activities.

Case management procedures, including entry of actual hours of participation into the OSMIS, and documentation requirements for substantiating actual hours recorded, are detailed later in this policy.

FAE&T Plus providers must maintain paper or electronic participant files, and the files must be reviewed as part of the annual MWA monitoring visit. Files should be organized according to the FAE&T Plus providers' standards but at a minimum, must contain information pertaining to the intake, assessment, release of information, program acknowledgement form, eligibility verification, ISS, participant progress and supportive services provided to the participant.

### ***Coordination of Services***

A participant may receive services from the MWA and a Plus provider or multiple Plus providers at the same time. It is the MWA's responsibility to coordinate services for co-enrolled participants to prevent duplication of service. Duplication of service means the participant engages in the same activity or receives the same supportive services from multiple providers even if the activity is different.

### ***Program Activities***

The MWA has the flexibility to determine the sequencing of assigned activities on an individual participant basis. Due to the voluntary nature of the program, participants should not be disqualified from FAE&T Plus for failure to comply with the requirements of a specific activity. A participant may be moved to a different activity to continue participation.

When assigning activities, please note that participants ***cannot be required*** to participate more than 30 hours per week. However, participants may ***volunteer to participate in hours above*** the required amount.

### ***Job Search***

*(Enter in the OSMIS as 'Job Search' activity.)*

This activity should not begin until the participant is ready to actively search for employment and is employment ready. Job search is the act of seeking or obtaining employment and requires job seekers to make a pre-determined number of inquiries to prospective employers over a specified period of time. This activity may be designed so that the job seeker conducts his/her job search independently or within a group setting. Participation must be documented on a job search log.

### ***Job Search Training***

*(Enter in the OSMIS as 'Job Search Training' activity.)*

'Job search training' assists individuals to become familiar with general workplace expectations, and learn behaviors and attitudes necessary to compete successfully in the labor market. Job search training may include, but is not limited to:

- Job skills assessments
- Job finding clubs
- Teaching participants how to read maps and bus schedules
- Resume writing, interview skills
- Instruction related to seeking employment
- Career planning tool or the Pure Michigan Talent Connect system

## ***Unpaid Work Experience***

*(Enter in the OSMIS as the 'Work Experience' activity.)*

Unpaid work activities are work assignments where participants receive compensation in the form of their monthly FAP allotment in lieu of wages. These assignments are not intended to create employee/employer relationships. The provider shall take into account the prior training, experience, and skills of a participant, along with employment and training objectives when making appropriate assignments. The provider must negotiate the terms for placement of participants into unpaid work activities and must approve assignment location(s).

The 'work experience' component is designed to improve the employability of participants through actual work experience and/or training. The goal of this experience is to enable participants to move into regular employment.

Work experience must comply with these conditions:

- Must not provide any work that has the effect of replacing or preventing the employment of an individual not participating in workfare or work experience. Vacancies due to hiring freezes, terminations, or layoffs must not be filled by workfare or work experience participants.
- Participants must be provided the same job-related benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours. These are benefits related to the actual work being performed, like workers' compensation and not to the employment by a particular agency, such as health benefits. Of the benefits required, any elective benefit that requires a cash contribution by the participant will be optional at the discretion of the participant. Participants are covered by workers' compensation as outlined in the DHHS Bridges Eligibility Manual (BEM) 232.
- The provisions of Section 2(a)(3) of the Service Contract Act of 1965 (PL 89-286) relating to health and safety conditions apply to the workfare and work experience activities.
- Work experience jobs must not, in any way, infringe upon the promotional opportunities that would otherwise be available to regular employees.
- Work experience jobs must not be related, in any way, to political or partisan activities.
- Assigned participation in work experience may not exceed the number of hours transmitted from Bridges for display in the OSMIS as "Household Workfare/Work Experience" hours. Participants are not

eligible to participate in work experience until an hourly value is displayed in the field as indicated below:

Instrument Panel							
Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	Eligibility	Case Review	Extension Began
TANYA	AST			ABAWD TLFA	06/01/2017	06/30/2017	Jun 2017
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility	
\$300 for Jul 2017 <a href="#">View All</a>	33 hrs/month as of Jul 2017 <a href="#">View All</a>	80 for Jun 2017 <a href="#">View All</a>	No as of Jun 2017 <a href="#">View All</a>	Yes as of Jun 2017 <a href="#">View All</a>	3 as of 07/30/2017	05/01/2017	

Note: Paid work experience is considered employment and as such; the participant must also be enrolled in the job retention services activity.

### **Educational and Training Programs**

Educational and training opportunities can provide the skills needed to secure unsubsidized employment and ultimately self-sufficiency. Only educational components that directly enhance the employability of participants are allowable. A direct link between the educational program and job-readiness must be established for the component to be approved by the MWA.

- **Literacy and Academic Skills Training**

*(Enter in the OSMIS as the 'Educational/Training Programs – Literacy' activity.)*

Educational/training programs expand the job search abilities or employability of those subject to the program. Allowable educational activities may include, but are not limited to:

- high school or equivalent education programs
- remedial education programs to achieve a basic literacy level
- instructional programs, such as English as a Second Language, basic computer skills training, and basic literacy skills

Actual hours for this activity can be pre-filled up to 90 days into the future from the current date at the number of hours the participant is expected to participate in the activity. If the MWA chooses this option, participation must be confirmed monthly.

- **Employment Enhancement Skills Training**

*(Enter in the OSMIS as the 'Educational/Training Prgrms-Emp Enhancement Svcs' activity.)*

The goal of 'employment enhancement skills training (EEST)' is to increase or develop participants' motivation to begin and continue involvement in activities relating to employment. It is designed to stabilize participants living circumstances and facilitate successful

participation in the program. In addition to participation in the FAE&T orientation session, this may include activities such as:

- improving self-image
- motivational activities, which include prioritizing work and building or improving self-esteem
- time and money management workshop
- improving interpersonal relationships
- referrals to address health-related issues
- information about and referral to service agencies to access housing, food, and clothing assistance
- information about how to access other community resources

- **Self-Employment Training**

*(Enter in the OSMIS as the 'Self-Employment Training' activity.)*

'Self-employment training' is an activity that improves the employability of participants by training them to design and operate a small business or another self-employment venture. Please note this activity is a training component and not for self-employment.

- **Vocational Training**

*(Enter in the OSMIS as the 'Vocational Occupational Training' activity.)*

'Vocational training' improves the employability of participants by providing training in a skill or trade allowing the participant to move directly into employment. All vocational training activities should be organized educational programs that are directly related to the preparation of individuals for employment in current, emerging, or in-demand occupations, based on local labor market information data.

Actual hours for this activity can be pre-filled up to 90 days into the future from the current date at the number of hours the participant is expected to participate in the activity. If the MWA chooses this option, participation must be confirmed monthly.

The actual education costs may qualify for reimbursement as long as the provider verifies and maintains documentation that there is no other source of financial assistance available to the client. Participants must attempt to secure federal financial aid (not including student loans), such as a Pell Grant, if applicable, for the educational institution/activity.

## **Supportive Services**

*(Enter in the OSMIS as the ‘Support Services – Trans, Clothing, Tools, Food Stamp Only.’)*

Supportive Services are services designed to assist participants in overcoming barriers that prevent them from engaging in employment and training activities. They must be reasonable and necessary, and directly related to participation in activities, ***not for supporting participants’ involvement in unsubsidized employment.***

Supportive services may include

- Clothing (appropriate for job search activity or interviews)
- Course registration fee (may qualify as a program delivery expense)
- Drug tests (required for employment)
- Fingerprinting (required for employment)
- Legal services (expunging a criminal record to secure employment)
- Medical services (i.e. TB test or physical required for employment)
- Fees (i.e. union dues, test fees, licensing and bonding fees, background checks needed for training or to support job search)
- Reasonable accommodation supplies (i.e. personal hygiene products and services, including haircuts, to meet program or potential employer appearance standards)
- State of Michigan identification card or driver’s license.
- Student activity fee (if required to participate in class; may qualify as a program delivery expense)
- Training materials, textbooks and supplies
- Transportation (i.e. bus pass, gasoline cards mileage reimbursement, necessary non-maintenance vehicle repairs)
- Work and training tools (i.e. equipment, tools, safety clothing, uniforms necessary to complete E&T training)
- Housing assistance (limited to two months)

Supportive services may be provided in the form of prepaid allowances based on approximate costs, where the costs are reasonable and verifiable. Alternatively, supportive services may be provided through reimbursement to the participant for the actual cost of services incurred.

Gift cards or vouchers may be provided, as a prepaid allowance, if their use is restricted to specific purchases or services allowed by the program. In addition, case file documentation must clearly identify the supportive service provided.

The case file, action plan or the OSMIS case notes must contain information that explains why the supportive service is necessary for participation in employment and training activities.

The following items are **not allowed** to be paid for with FAE&T funds:

- Automobile insurance
- Automobile ownership/operator taxes (tag and title)
- Automobile purchase
- Drug/alcohol counseling or therapy
- Food staples and groceries
- Living stipend
- Mental health treatment
- Personal computers
- Relocation expenses
- Student loans, fees, penalties or fines

### ***Unsubsidized Employment***

*(Enter in the OSMIS as the “Unsubsidized Employment” activity.)*

**Participants who obtain employment after engaging in other FAE&T Plus activities may be enrolled in this activity.**

“Unsubsidized employment” is full or part-time employment in the public or private sector that is not supported by TANF, State GF/GP funds, or any other public program. Participation in unsubsidized employment is the fundamental goal for all participants to prepare for self-sufficiency and public assistance case closure. Employed participants should be encouraged to engage in other employment and training activities to increase the likelihood of achieving self-sufficiency.

The MWA must notify the local MDHHS office if a participant obtains employment while enrolled in the program. Self-employment is not allowable for this activity unless the participant successfully completed an approved self-employment training program.

The MWA must create an OSMIS case note and notify the local MDHHS office if an FAE&T participant:

- Voluntarily quits a job of 30 hours or more per week without good cause, or
- Voluntarily reduces hours of employment below 30 hours per week without good cause, or
- Refuses to accept a bonafide offer of employment per MDHHS BEM 233B.

The MDHHS will determine if the individual has good cause.

Please note: expenditures for this activity do not qualify for reimbursement. Case management associated with supporting the participants continued employment is part of the Job Retention Services (JRS) activity. The JRS activity must be open in the OSMIS before entering the 'unsubsidized employment' activity in the OSMIS.

**The activity for 'unsubsidized employment prior to referral' should not be entered in OSMIS unless the customer is an ABAWD subject to TLFA.**

***Job Retention Services (JRS)***

*(Enter in the OSMIS as the 'Job Retention Services' activity.)*

'JRS' may be provided to individuals who secure full or part-time unsubsidized employment **after** receiving other employment or training services under FAE&T Plus. This activity provides case management, referrals to other services and supportive services to help participants achieve satisfactory performance, retain employment and increase earnings over time.

JRS:

- May be provided for a maximum of 90 days per referral,
- May continue for the full 90 days, even if the FAP case closes, and
- If the customer is employed at the time of registration, JRS may only be provided if the participant secures a new job with a new employer or a new position with the original employer.

JRS is limited to 90 days per referral; however, the 90 days do not need to occur concurrently. The OSMIS will track the number of days each participant is enrolled in JRS to ensure that 90 days are not exceeded in any one referral. Only one JRS activity can be open at a time, even if the participant has multiple jobs. The single JRS activity covers multiple jobs in the same time period.

***Job Retention Supportive Services (participant reimbursements)***

*(Enter in the OSMIS as the 'Support Services - Trans, Clothing, Tools, Food Stamp Only.')*

'Job retention supportive services' are designed to assist the participant in maintaining employment and can only be provided when a participant is enrolled in the JRS activity. The following job retention supportive services are permissible if they are required to maintain the employment.

- Clothing
- Fees (i.e. union dues, test fees, licensing and bonding fees)

- Reasonable accommodation supplies (i.e. personal hygiene products and services, including haircuts, to meet employer appearance standards)
- Transportation (i.e. bus pass, gasoline cards, mileage reimbursement, necessary non-maintenance vehicle repairs)
- Work tools (i.e. equipment, tools, safety clothing, uniforms)

The case file, action plan, or the OSMIS case notes must contain information that explains why the supportive service is necessary for participation in JRS.

Please note: expenditures to support employment that was obtained prior to enrollment in FAE&T Plus does not qualify for reimbursement.

### ***Serving Employed Participants***

**Example 1:** A participant enrolled in FAE&T Plus completes a training component and secures unsubsidized employment. The participant is in need of transportation assistance to maintain the new employment. The 'JRS' activity is opened to provide mileage reimbursement, and the '*unsubsidized employment*' activity is opened to document the hours of employment, job retention services are provided for the next 90 days. After 90 days if the FAP case is still open, the participant would be terminated from the OSMIS as '*completed program objectives*' or enrolled in a new allowable activity and the 'JRS' activity must be ended. If the FAP case is closed, the customer must be terminated from the OSMIS.

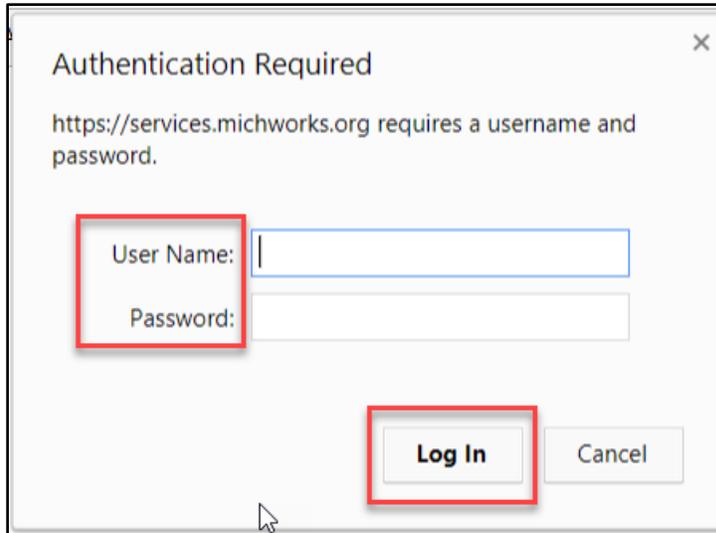
### ***Data Entry in the OSMIS and Documentation***

The MWA must capture all required participant and reporting information in the OSMIS. Information is needed for inclusion in federal reports, meeting state and federal policy requirements, and program management. Outcome reports will only include participants with actual hours entered in the OSMIS. In order to receive automated emails from the OSMIS, a case manager must be selected and entered for each participant registration. The Plus provider must ensure participation is documented and verified before entering activities and hours in the OSMIS. Forms to track participation are included, and the MWA may create instructions and insert local MWA logos as needed. Where signatures are required, electronic signatures may be accepted. The OSMIS case notes must be used to document additional case information, **at least once a month**. Data entry for all of the OSMIS activities must be within two days of the start and end dates of participation. **Data entry changes for activities and actual hours are limited to the current calendar month and the previous calendar month.**

### ***Data Entry Instructions for the OSMIS***

The internet can be used to access the [OSMIS](#).

Enter user name and password and click the 'Log In' button.



Authentication Required

https://services.michworks.org requires a username and password.

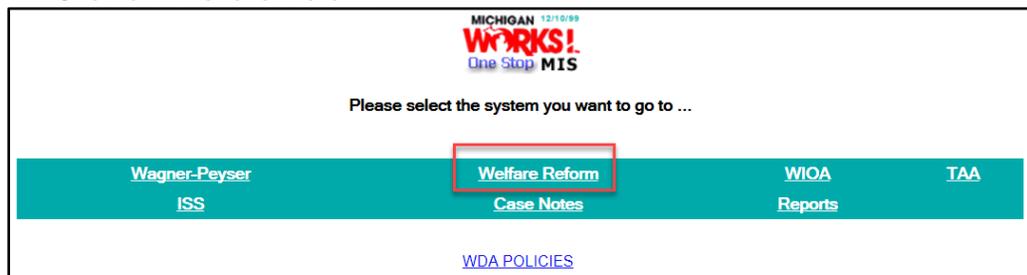
User Name:

Password:

Log In Cancel

Detailed description: This is a standard Windows-style dialog box titled "Authentication Required". It contains a message stating that the URL https://services.michworks.org requires a username and password. Below the message are two input fields: "User Name:" and "Password:". A red rectangular box highlights both input fields. At the bottom of the dialog, there are two buttons: "Log In" and "Cancel". The "Log In" button is also highlighted with a red rectangular box. A mouse cursor is visible near the bottom center of the dialog.

Click on 'Welfare Reform'



MICHIGAN 12/10/99  
**WORKS!**  
One Stop MIS

Please select the system you want to go to ...

Wagner-Peyser ISS	<b>Welfare Reform</b> Case Notes	WIOA Reports	TAA
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[WDA POLICIES](#)

Detailed description: This is a system selection menu. At the top is the Michigan Works! One Stop MIS logo. Below the logo is the text "Please select the system you want to go to ...". There is a teal-colored horizontal bar containing four buttons: "Wagner-Peyser ISS", "Welfare Reform Case Notes", "WIOA Reports", and "TAA". The "Welfare Reform Case Notes" button is highlighted with a red rectangular box. Below the bar is a link for "WDA POLICIES".

### Searching for a Participant

Hover over 'Applicant Search' then use the mouse to scroll down to 'Update' and over to 'Registration' and click the left mouse button.



MICHIGAN 12/10/99  
**WORKS!**  
One Stop MIS

You are logged in as MACLEODL - Your last login was on Jun 28, 2017 @ 04:41:10 PM [Logout](#)

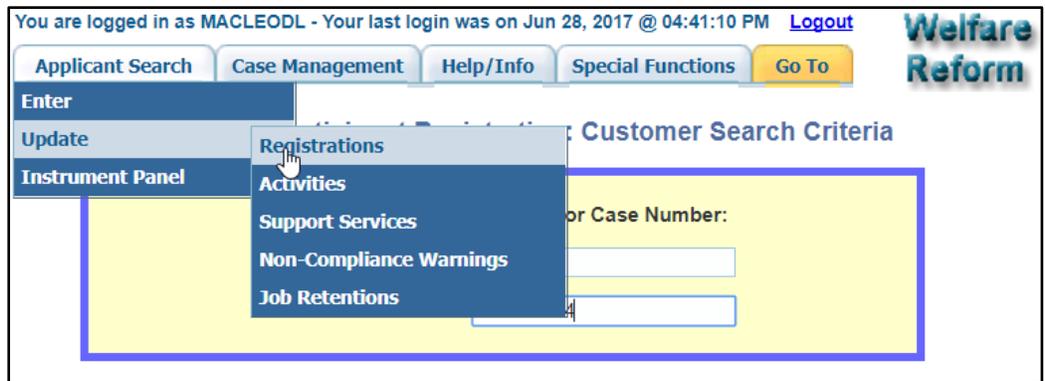
[Applicant Search](#) [Case Management](#) [Help/Info](#) [Special Functions](#) [Go To](#)

**Welcome to the One Stop MIS Production System!**

[WR\\_E-P-MIG](#)

**Welfare Reform**

Detailed description: This is the home page of the One Stop MIS Production System. At the top left is the Michigan Works! One Stop MIS logo. To the right of the logo is the text "You are logged in as MACLEODL - Your last login was on Jun 28, 2017 @ 04:41:10 PM" and a "Logout" link. Below this is a navigation bar with five buttons: "Applicant Search", "Case Management", "Help/Info", "Special Functions", and "Go To". A red arrow points to the "Applicant Search" button. Below the navigation bar is the text "Welcome to the One Stop MIS Production System!". At the bottom center is a link for "WR\_E-P-MIG". At the top right is the text "Welfare Reform".



The 'Customer Search Criteria' includes client/recipient ID or the MDHHS case number for a quick search. If these numbers are not available then try to search on the Customer ID (*first three letters of the last name, first two letters of the first name and month and day of birthdate, ex: John Smith's birthday is November 3, 1983 = smijo1103*), or First and Last Name. Enter one of the values and click the 'Submit' button.

**Update/View Participant Registration: Customer Search Criteria**

Search by Client/Recipient ID or Case Number:

Client/Recipient ID:

Case Number:

Submit Reset

Search by Customer ID:

Customer ID:

Submit Reset

Search by Last Name first:

Last Name:

First Name:

Date of Birth:  

Submit Reset

From the 'Participant History' screen for an individual electronically referred from Bridges, click on 'Food Stamps' in the Program column to access record.

**Welfare Registration: Participant History**

Participant Name	Cust. ID	Clnt/Rec. ID	Current Staff	Staff Location
SARAH E.	1027		LISA MACLEOD	ACSET Admin Office

**\* This customer has 1 total Welfare participations \***

Showing 1 to 1 of 1 entries

Program	Referral Type	Last Date to Attend Orientation	Date Attended Orientation	AEP Status	Entered Activity	Termination Date	Termination Reason	Case Closed Date	Ineligible Date	MWA
Food Stamps	ABAWD TLFA	12/30/2016	-	Not an AEP	-	-	-	-	-	33

The 'Participant Header' contains information from MDHHS for the individual.

**View Welfare Registration**

**Instrument Panel**

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	Eligibility	Case Review	Extension Began
CORINA	MICO	2847	2740	Volunteer	05/11/2011	04/30/2017	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility	
\$925 for Jun 2017 <a href="#">View All</a>	103 hrs/month as of Jun 2017 <a href="#">View All</a>	0 for Jun 2017 <a href="#">View All</a>	No as of Jun 2017 <a href="#">View All</a>	No as of Jun 2017 <a href="#">View All</a>	0 as of 03/14/2017	-	

The 'Eligibility' field indicates the effective date of the individual's food assistance benefit.

The 'Household Workfare/Work Experience' field represents the number of hours that can be assigned for the work experience activity.

### Registering the Participant

The customer must attend an orientation prior to the 'Last Date to Attend Orientation' to be registered in the OSMIS.

The following screenshots represent fields that must be completed at the time of registration:

- 'Date Attended Orientation'
- 'Limited English' – to document whether the participant has limited ability in speaking, reading, writing or understanding the English language
- 'FAE&T Plus' Special Initiative Indicator **must** be set to Yes
- 'Region Code' must be entered to correctly identify the staff associated with customer
- 'Case Manager' must be selected to facilitate receiving automated emails from the OSMIS.

### General Orientation

Last Date to Attend Orientation:     
 Appointment Office Name:  
 Appointment Date:  
 Date Attended Orientation:     
 Earliest Activity Start Date:

### Barriers To Employment

Transportation:    
 Child Care:    
 Personal / Health:    
 Education Workplace Skills:    
 Situational:    
 Limited English:   

### Education and Training Outcomes During Enrollment

Attainment of High School Degree/GED:    
 Attainment of Associates Degree:    
 Attain Other Post-Secondary Degree:    
 Other Training Credentials:  

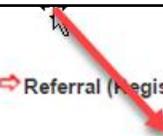
### Special Initiative Indicators

Regional Skills Alliance Participant:    
 Community Venture Participant:    
 Skilled Trades Training Fund Participant Indicator:  
 SNAP E & T WIA Initiative:    
 SNAP E & T WIA Initiative Date:     
 FAE&T Plus:  

### Local MWA Information

Region Code:    
 Optional Data1:   
 Optional Data2:   
 Optional Data3:

### Auditing Data

 Referral (Registration) Date: 01/02/2017  
 Serviced By: BRIDGES GENERATED (FIA\_KENT)  
 Case Manager:    
 Email Address: MACLEODL@MICHIGAN.GOV  
 MWA: 33  
 Location: KENT  
 Participation Status: Active  
 Participation Status Date: 01/02/2017

The bottom of the Registration screen has additional navigational buttons to enter/update activities, enter/update supportive service and enter case notes.



### Entering Activities

Select the activity in which you are enrolling the participant, choose a location and click on the 'Continue' button at the bottom of the screen.

Select the Activities in which you are enrolling the participant and click on the **'Continue'** button at the bottom of the screen.

<b>Employment</b>	<input type="checkbox"/> Unsubsidized Employment <input type="checkbox"/> Subsidized Private Sector Employment <input type="checkbox"/> Subsidized Public Sector Employment <input type="checkbox"/> Unsub Employment Prior to Referral
<b>Unpaid Work Activities</b>	<input type="checkbox"/> Work Experience <input type="checkbox"/> Workfare
<b>Training/Education</b>	<input type="checkbox"/> Educational/Training Prgms-Emp Enhancement Svcs <input type="checkbox"/> Educational/Training Programs - literacy <input checked="" type="checkbox"/> Vocational Occupational Training <input type="checkbox"/> Self-Employment Training
<b>Job Readiness Activities</b>	<input type="checkbox"/> Dual Program - WIOA/TAA <input type="checkbox"/> Dual Program - Other <input type="checkbox"/> Job Search <input type="checkbox"/> Job Search Training
<b>Status Update</b>	<input type="checkbox"/> Job Retention Services <input type="checkbox"/> MRS Activity Other <input type="checkbox"/> Non-Participating ABAWD <input type="checkbox"/> Pending Deferral Determination

Service Date: 06/28/2017

Served By: LISA M MACLEOD - MWA\_ADM

Location:

Additional detail is required when enrolling a participant in an activity. Mandatory fields are indicated by a red arrow.

Hours:  per week  
 Start Date: 06/28/2017   
 Estimated End Date: 09/25/2017   
 End Date:    
 Training Provider:   
 Training Program:

**TRAINING INSTITUTION INFORMATION**

Training Institution:   
 2 Year Institution Name:   
 4 Year Institution Name:   
 Proprietary Institution Name:   
 Field of Study:   
 Completed Activity?   
 If no, Reason not Completed?   
 Other?   
 Credential Received:

**MISCELLANEOUS**

Comments:   
 Sub Code:   
 Optional Data A:   
 Optional Data B:

After entering the information about the activity, click on 'Insert' button.

**AUDIT INFORMATION**

Service Date: 06/28/2017  
 Serviced By: LISA M MACLEOD - MWA\_ADM  
 MWA: 07  
 Location: Wayne County Community College

## Entering Actual Hours for Activities

Actual hours of participation must be entered for **all** FAE&T participants. Hours are recorded weekly, and the weeks are based on the calendar month. Hours are sent from the OSMIS to the Bridges system nightly.

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

**Update/View Participant Activities**

**Instrument Panel**

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	Eligibility	Case Review	Extension Began
MICHELLE	I10607	7793	0879	ABAWD TLFA	01/01/2015	02/28/2017	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility	
\$276 for May 2017 <a href="#">View All</a>	31 hrs/month as of May 2017 <a href="#">View All</a>	80 for May 2017 <a href="#">View All</a>	No as of May 2017 <a href="#">View All</a>	Yes as of May 2017 <a href="#">View All</a>	1 as of 05/03/2017	-	

Program: Food Stamps  
Attended General Orientation Date: 01/10/2017

Showing 1 to 2 of 2 entries Search:

Activity	Begin Date	Est. End Date	End Date	Employer Name	Hours	Service Location	Actual Hours
<a href="#">Job Search Training</a>	04/01/2017	-	-	-	20	<a href="#">Ypsilanti - Service Center</a>	<a href="#">Enter</a>
<a href="#">Workfare</a>	02/01/2017	-	-	-	30	<a href="#">Ypsilanti Service Center</a>	<a href="#">Enter</a>

Clicking on 'Enter' in the 'Actual Hours' column opens the 'Enter Actual Hours' screen.

'Enter Actual Hours' screen.

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	Eligibility	Case Review	Extension Began
BERGER	I0607	7793	0879	ABAWD TLFA	01/01/2015	02/28/2017	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility	
\$276 for May 2017 <a href="#">View All</a>	31 hrs/month as of May 2017 <a href="#">View All</a>	80 for May 2017 <a href="#">View All</a>	No as of May 2017 <a href="#">View All</a>	Yes as of May 2017 <a href="#">View All</a>	1 as of 05/03/2017	-	

Showing 1 to 8 of 8 entries

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Apr 2017	04/01/2017	04/01/2017	<input type="text" value="4"/>

Hours must be entered 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. If you wish to skip a week, you must enter '0' hours for that week.

## Entering Projected Hours

Hours for most activities must be entered week-by-week. However, for employment activities, basic literacy and vocational training hours can be auto-filled up to 90 days into the future from the current date. This would be the number of hours the participant was scheduled to participate in the activity.

The projection must be changed at the point the MWA is made aware the actual participation is less than the projected value.

Auto-Fill Hours on the 'Enter Actual Hours' screen

**Enter Actual Hours: Educational/Training Programs - literacy**

Instrument Panel

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	Eligibility	Case Review	Extension Began
FUJI APPLE	APPFU0407	48501	12333	ABAWD TLFA	12/26/2016	11/30/2017	Apr 2017
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility	
\$194 for Mar 2017 <a href="#">View All</a>	21 hrs/month as of Mar 2017 <a href="#">View All</a>	80 for Feb 2017 <a href="#">View All</a>	No as of Feb 2017 <a href="#">View All</a>	Yes as of Feb 2017 <a href="#">View All</a>	1 as of 01/09/2017	04/12/2017	

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

Enter these Actual Hours:

for the inclusive range of weeks between the week starting:

and the week starting:

**Showing 1 to 18 of 18 entries**

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	May 2017	05/01/2017	05/06/2017	<input type="text"/>
2	May 2017	05/07/2017	05/13/2017	<input type="text"/>
3	May 2017	05/14/2017	05/20/2017	<input type="text"/>
4	May 2017	05/21/2017	05/27/2017	<input type="text"/>
5	May 2017	05/28/2017	05/31/2017	<input type="text"/>
6	Jun 2017	06/01/2017	06/03/2017	<input type="text"/>
7	Jun 2017	06/04/2017	06/10/2017	<input type="text"/>

On the 'Enter Actual Hours' screen, type in the number of hours for the activity, select the beginning week and the ending week and then click 'Autofill Actual Hours.' Rows will be highlighted in **bold font** if the week spans across two calendar months.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	May 2017	05/01/2017	05/06/2017	<input type="text" value="9"/>
2	May 2017	05/07/2017	05/13/2017	<input type="text" value="10"/>
3	May 2017	05/14/2017	05/20/2017	<input type="text" value="10"/>
4	May 2017	05/21/2017	05/27/2017	<input type="text" value="10"/>
5	May 2017	05/28/2017	05/31/2017	<input type="text" value="6"/>
6	Jun 2017	06/01/2017	06/03/2017	<input type="text" value="4"/>
7	Jun 2017	06/04/2017	06/10/2017	<input type="text" value="10"/>

The hours entered for those weeks will reflect the prorated amount based on the number of days in each calendar month. The provider may choose to edit the hours before clicking 'enter.'

Hours entered may be viewed by accessing the 'Actual Hours Status' page.

**List of Actual Hours for weeks starting on or after 05/15/2017 and ending on or before 06/10/2017.**

Hint: Mouse over the activity code to view the activity name ...

**Showing 1 to 6 of 6 entries**

Calendar Month	Weekly Period	62	TOTAL
May 2017	05/14/2017 - 05/20/2017	10	10
May 2017	05/21/2017 - 05/27/2017	10	10
May 2017	05/28/2017 - 05/31/2017	6	6
Jun 2017	06/01/2017 - 06/03/2017	4	4
Jun 2017	06/04/2017 - 06/10/2017	10	10
<b>TOTAL</b>		<b>40</b>	<b>40</b>

**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 create these weeks and enter '0' for the new weeks added.

The original activity 'start date' is December 12<sup>th</sup>.

**Update Activity: Job Search Training**

Instrument Panel

Customer ID	Client/Rec. ID	Case No	Referral Type
FOOTE0105			Volunteer
Household Workfare / Work Experience		Monthly Required Hours	Multiple ABAWD Household
-			

Hours:  per week

Start Date:  

The activity 'start date' is moved back a week to December 5<sup>th</sup>.

**Update Activity: Job Search Training**

Instrument Panel

Customer ID	Client/Rec. ID	Case No	Referral Type
FOOTE0105			Volunteer
Household Workfare / Work Experience		Monthly Required Hours	Multiple ABAWD Household
-			

Hours:  per week

Start Date:  

The new week is added and zero hours display in the 'Actual Hrs' field. The MWA can edit this value if participation was documented for this timeframe.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>
4	Dec 2016	12/25/2016	12/31/2016	<input type="text" value="3"/>

### **Activity 'End Date' Change**

If hours have been entered for an activity and the 'End Date' is changed to a date prior to weeks for which hours have already been entered, the system will delete any hours past the 'End Date' of the activity.

The hours entered for the week of December 25<sup>th</sup> will be deleted when the 'End Date' is changed to December 23<sup>rd</sup>.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016 <sup>S</sup>	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>
4	Dec 2016	12/25/2016	12/31/2016	<input type="text" value="3"/>

Hours will be deleted by ending the activity on 12/23

The hours for the week of December 25<sup>th</sup> have been successfully removed.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>

### **Entry of Educational and Training Outcomes**

The MWA must enter into the OSMIS all participants' educational and training outcomes prior to termination/case closure. As a best practice, the MWA 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, another post-secondary degree, or other training credentials during the enrollment. All educational and training outcomes must be verified by the MWA prior to being entered into the OSMIS.

### **Ending Participation and Termination Reasons in the OSMIS**

The participant may remain in FAE&T Plus until:

- notified by the MDHHS of the participant's FAP ineligibility (except for those engaged in Job Retention Services),
- 'FAP Family' participant becomes age 60 and is no longer eligible for FAE&T Plus, or
- the participant chooses not to participate in FAE&T Plus.

The case manager, as designated on the registration screen, will be notified via an email message when a FAP case closure is received, and termination from OSMIS is required.

The participant information will be sent in the daily System Terminations email report if the individual was system terminated for turning age 60.

Prior to terminating the participant, all actual hours must be entered and an end date must be entered for each activity.

The following reasons are available when terminating a customer due to no longer receiving food assistance benefits (FAP Closure) or choosing not to participate in FAE&T Plus:

- Case Closure
- Completed Program Objectives
- Deferred
- Other
- Transfer County

**Termination Status**

(MWA) Termination Date:

Entered On: -

Reason:

Employed at Termination:

Occupation at Termination:

Industry at Termination:

Hourly Wage:

Termination Sub Code:

Reason dropdown options: Case Closure, Completed Program Objectives, Deferred, Other, Transfer County

Note: if the participant is an ABAWD subject to time-limited food assistance, the Plus provider must contact the MWA before terminating the customer from the OSMIS.

### ***National Reporting Measures***

The outcome data for the reporting measures below will be tracked in the OSMIS and provided to FNS on an annual basis. As such, the MWA is responsible for ensuring the Plus providers have access, and the training, to appropriately document participation in the OSMIS.

- The number and percentage of participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in FAE&T
- The number and percentage of participants and former participants who are in unsubsidized employment during the fourth quarter after completion of participation in FAE&T
- The median quarterly earnings of all the participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in FAE&T
- The number and percentage of participants that completed training, educational, work experience or an on-the-job training component.

Also, individual success stories will assist with evaluating the effectiveness of the activities delivered by the Plus providers. The MWA should be mindful of the opportunities to document these positive outcomes.

### ***Confidentiality***

The information contained in all program case records is confidential and may be released only under limited circumstances. The MDHHS confidentiality policy can be found in the [Bridges Administrative Manual](#).

The privacy of individuals must be safeguarded, and the MWA or provider may not release any information related to an individual participant. A customer, however, may consent to a release of information upon signing a release of information form. The MWA is also allowed to release aggregate data about participants. Aggregate data includes the total number of participants employed, the number of people enrolled in activities, etc. The MWA must adhere to these guidelines when administering this program.

### ***Plan Instructions***

- **Plan Approval Request** – which bears the signatures of authorized Chief Elected Official(s) and the Workforce Development Board chairperson.
- **Narrative** – which describes the planned program activities and supportive services to be provided **by each entity**, as described in the plan narrative instructions.
- **Budget Information Summary (BIS)** – which includes one BIS for Program Delivery and one BIS for Supportive Services funds. Separate Grant Action Notices will be issued for each funding source

### ***Fiscal Information***

The MWA must require the providers to submit an FAET-200 Invoice for Non-Federal costs, FAET-210 Non Federal Funds Certification form and the associated list of participants on a monthly basis when reimbursement is requested. All participants must have been eligible for FAE&T Plus at the time the cost was incurred to qualify for reimbursement. If the participant is found ineligible, the provider may not bill for the participant. Supportive service costs must be listed separately from program delivery, and documentation must be included.

The MWA must verify and approve all requests for reimbursement before documenting expenditures in the Management of Awards to Recipients System (MARS). A completed FAET-300 Approved Non-Federal Expenditures form must remain with the invoice documentation to support each MARS draw. In MARS, the MWA must report 50% of approved invoices as Expenditures and the remaining 50% as Non-Federal Funds Expended. The MWA may request cash for amounts they will report as expenditures. The MWA should not request cash for amounts reported as non-federal funds. As detailed on the completed FAET-300 form, when the reimbursement funds are received, the MWA will retain 10 percent of the total expenditures reported, and the remaining funds must be distributed to the appropriate provider. The funds received from reimbursement may be used as the non-federal source for future FAE&T Plus invoices. This is known as

reutilizing funds. If the provider chooses this option, they must provide supporting information on the non-federal funds' certification form.

The MWA must obtain sufficient documentation to ensure the funds reported as Non-Federal Funds Expended meet the requirements of the Code of Federal Regulations Section 200.306 including (but not limited to) the following requirements: 1) are not included as contributions for any other Federal award, 2) are necessary and reasonable for accomplishment of project or program objectives, 3) are allowable and in compliance with the State Plan, and 4) are not paid by the Federal Government under another award. If the match was found ineligible, the provider and the MWA may not draw the matching federal funds.

**Action:** The MWA must process all cash requests through MARS in accordance with the MARS manual. The MWA must have on file appropriate documentation to support each cash draw. Grantees are required to report all financial transactions on a full accrual basis. Accrued expenditures are costs incurred for goods and services received but not paid during the reporting period.

All reporting of fiscal expenditures of the funds provided through this policy issuance must be reported to the TIA on a quarterly basis. All quarterly financial expenditure reports are due to the TIA no later than the 20th calendar day after the end of the calendar quarter. A final close-out report is also required and is due to the TIA no later than 60 days after the end of the grant period. In the event that the due date falls on a weekend or state government holiday, reports are due on the last business day prior to the due date. Submit reports in [MARS](#). If there are any questions regarding cash requests or submission of expenditure reports, please call Marilyn Carey at 517-373-7243.

The MWA officials shall prepare and submit a signed Plan Approval Request form, a Plan Narrative, and BIS forms. Templates are attached and documents must be submitted within 30 days of the official date of this policy to [WDA-WR-WP@michigan.gov](mailto:WDA-WR-WP@michigan.gov)

**Inquiries:** Questions regarding this policy should be directed to your **Dislocated** Services state coordinator at 517-373-6234. The information contained in this policy will be made available in an alternative format (large type, audio tape, etc.) upon request to this office.

**Expiration Date:** September 30, 2017

WMS:LM:pv  
Attachment



## ACTIVITY LOG

Sunday:	to Saturday:	<b>Due Date:</b>	Time:
Participant Name:		Client/Recipient ID:	
Signature of Participant:		Required Hours:	

*By signing above, I agree the information I have provided is true to the best of my knowledge; and, if assigned to Workfare, I understand that I am only able to complete the number of hours assigned by the MWI staff. Any amount of time I have completed in excess was done so voluntarily.*

(Optional Data) Name of 2<sup>nd</sup> person referred from a Multiple ABAWD Household:

In accordance with the Fair Labor Standard Act, your maximum monthly hours limit for Workfare/Work Experience is
--

**ACTIVITY**

<b>Check one:</b> <input type="checkbox"/> Job Search (at the service center) <input type="checkbox"/> Job Search Training <input type="checkbox"/> Workfare <input type="checkbox"/> Work Experience <input type="checkbox"/> Basic Literacy <input type="checkbox"/> Employment Enhancement Skills Training <input type="checkbox"/> Vocational Training <input type="checkbox"/> Dual Program Enrollment
--

Date	Actual Hours of Participation	Name of Worksite	Person Verifying Hours of Participation Must Complete the Following
			<b>Name:</b>
			<b>Phone/Email:</b>
			<b>Signature:</b>

**Total Hours:**



## VERIFICATION OF EMPLOYMENT HOURS

Participant First and Last Name:		Client/Recipient ID:	
<b>EMPLOYMENT INFORMATION</b>			
Section 1 - To be completed by Employer or by MW! Staff if via phone contact			
Employer Name:			
Employer Address:		City:	State:
Phone:		Fax:	
Date Employment Began:		Average Actual Weekly Hours Worked:	
Wage:		Job Title:	
If available, please provide:			
Date of First Paycheck:			
How Often Paid?	Weekly <input type="checkbox"/>	Twice Monthly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/>
Day of Week Paid:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Section 2 - To be completed by Employer			
First and Last Name of Person Completing Form:		Title:	
Signature: _____		Date: _____	
Section 3 - To be completed by MW! Staff if verified via phone			
Name of Employer's Staff Verifying Employment Hours:			
Name of MW! Staff:			
Title of MW! Staff:			
Date of Phone Call:			



**OUTSIDE JOB SEARCH CONTACT LOG**

Participant Name:	Client/Recipient ID:	Due Date:	Time:
Week Begin Date (Sunday):	Week End Date (Saturday):	MWI Staff Name:	

Date	Employer Name & Phone Number	Employer Address or Website Address	Activity	Actual Time Spent
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:

Participant Signature:	Total Hours Above:
------------------------	--------------------

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

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## Food Assistance Employment and Training Plus (FAE&T Plus) Acknowledgement Form

Service Provider/Contractor:

Participant/Job Seeker Name:

FAE&T Plus is designed to assist adults with their education and training needs. I understand this is a voluntary program and if at any time I choose not to participate it will not affect my food assistance\*. In addition, I acknowledge that I will participate in wrap around services at no cost to myself. As a Plus participant I agree to be placed in career path activities focusing on my goal towards employment and self-sufficiency. As a Food Assistant Program (FAP) recipient, I understand I must follow certain work-related requirements to receive food assistance and my FAP benefits may be effected if I do any of the following:

- Voluntarily quit a job of 30 or more hours per week without good cause,
- Voluntarily reduce hours of employment below 30 hours a week without good cause, or
- Refuse to accept a bonafide offer of employment.

Participant/Job Seeker Signature:

Date:

Staff Signature:

Date:

\*Note: an able-bodied adult without dependents (ABAWD) that is subject to time-limited food assistance must meet the ABAWD work requirement to maintain food assistance.

## FAE&T Plus Invoice

*"Insert Michigan Works! Agency Name"*

### I. IDENTIFICATION

Contractor Name		Fund Source	FY17 SAM GRTS-SNAP-50% FED/50% GF
Address	<b>Approved Reimbursement</b>		
City	Program Delivery		
State	Supportive Service		
Zip Code			
Contact Person	Invoice Begin Date	07/01/17	
Contact E-Mail	Invoice End Date	07/31/17	
Contact Phone #			
Report Type	<input type="checkbox"/> Original	Invoice #	
	<input type="checkbox"/> Revised	Federal I.D. #	
		Contract #	

### II. COSTS

DESCRIPTION	Non-Federal Costs	Requested Reimbursement (40%)	Fiscal Year to Date Reimbursements
Program Delivery (associated with the eligible participants)		\$ -	\$ -
Supportive Services (participant reimbursements)		\$ -	\$ -
<b>Totals</b>	\$ -	\$ -	\$ -

### III. REMARKS

**Please attach the following to expedite payment of invoice:**

1. FAE&T Plus OSMIS participant report.
2. Line-item detail and back up documentation for program delivery and supportive services costs incurred.
3. Signed non-federal certification form.

### IV. CERTIFICATION

I certify to the best of my knowledge and belief, the information provided is true and accurate.

<b>Signature</b>	
<b>Name and Title</b>	
<b>Date</b>	

Date Received By MWA \_\_\_\_\_

## Non-Federal Funds Certification FAE&T Plus

(This form must be submitted with each FAE&T Plus invoice)

Name of Entity	
Contract Number	
Funds Expended Begin Date	
Funds Expended End Date	

Type and Source of Non-Federal Funds	Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total</b>	<b>\$ -</b>

Note: the total must match the total non-federal costs on the associated invoice.

Name of Authorized Agent		
Authorized Representative Signature		Date:
Name of Authorized Representative		
Title		
Phone Number		

**Food Assistance Employment and Training (FAE&T) Plus  
Summary of Approved Non-Federal Expenditures Submitted for 50% Federal Reimbursement via MARS**

Michigan Works! Agency (MWA)			
MWA Contact			
MWA Contact Email Address			
MWA Contact Phone Number	Report Period Begin Date		Report Period End Date

Contractor Name(s)	Program Delivery Expenditures		Disbursement of Reimbursed Funds	
	Program Expenditures (paid for with non-federal funds)	Federal Reimbursement (MARS Draw Amount*)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Contractor(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Total Program Expenditures &amp; Reimbursements</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*Note: The amount entered in MARS as the Draw Amount must also be entered in MARS as Non-Federal Funds Expended.

Contractor Name(s)	Supportive Services Expenditures (participant reimbursements)		Disbursement of Reimbursed Funds	
	Supportive Services Expenditures (paid for with non-federal funds)	Federal Reimbursement (MARS Draw Amount)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Contractor(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Total Supportive Services Expenditures &amp; Reimbursements</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Date Processed in MARS	
------------------------	--

## **Plan Approval Request Form Instructions**

1. Michigan Works! Agency (MWA): Enter the name of the MWA.
2. Plan Title(s): Enter the appropriate title for the plan being submitted. "Food Assistance Employment and Training Plus" has been pre-printed.
3. Policy Issuance Number: Enter the policy issuance number. "17-15" has been pre-printed.
4. Plan Period: Enter the start and end dates of the plan period. "02/01/17 through 09/30/17" has been pre-printed.

The required signatories are designated in accordance with the Michigan Department of Labor & Economic Growth/Bureau of Workforce Programs PI 07-13, issued August 29, 2007. Signatures are required from the Workforce Development Board Chair and the Chief Elected Official(s), or their authorized designee(s).

## Approval Request Form

1. Michigan Works! Agency (MWA) Name and Number:

2. Plan Title(s):

Food Assistance Employment and Training Plus

3. Policy Issuance Number:

17-15

4. Plan Period:

February 1, 2017 through September 30, 2017

The Chief Elected Official(s) and Workforce Development Board hereby request approval of this document. Please insert the printed name for each signature provided below.

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Workforce Development Board Chairperson

Date:

Printed Name:

The Talent Investment Agency, in compliance with applicable federal and state laws, does not discriminate in employment or in the provision of services based on race, color, religion, sex, national origin, age, disability, height, weight, genetic information, marital status, arrest without conviction, political affiliation or belief, and for beneficiaries only, citizenship or participation in any federally assisted program or activity.

**Food Assistance Employment and Training Plus (FAE&T Plus)  
Plan Narrative Instructions**

A. Michigan Works! Agency (MWA) Identification Information

FAE&T Plus Contact Person: Identify the MWA contact person (including telephone number and email address) for purposes of discussing the FAE&T Plus plan contents.

B. Description of Services to be Provided

The plan narrative is to provide a description of the FAE&T Plus program design. The following elements must be included for **each entity/provider the MWA has contracted with to deliver the approved E&T activities.**

1. A description of the recruitment process.
2. A description of the eligibility verification process.
3. A description of the orientation process.
4. A description of the participant assessment tool.
5. A description of each of the planned FAE&T Plus activities.
6. A description of the supportive services available to participants for which the entity/provider will request reimbursement.
7. A description of coordination of services between the MWA and Plus contractor, if participants will be served by both entities.

## ***Budget Information Summary Instructions***

### ***Food Assistance Employment and Training Plus - Program Delivery***

#### SECTION I - IDENTIFICATION INFORMATION

**Michigan Works! Agency (MWA) Name:** Enter the name of the MWA.

**Policy Issuance Number:** Enter the policy issuance number. "17-15" has been pre-printed.

**Grant Name:** Enter the grant name. "FY17 SAM GRTS-SNAP-50% FED/50% GF" has been pre-printed.

**Project Name:** Enter the project name. "FY17 FAE&T Plus Program" has been pre-printed.

**Plan Period:** Enter the start and end dates of the plan period. "02/01/17 through 09/30/17" has been pre-printed.

**Catalog of Federal Domestic Assistance (CFDA):** Enter the CFDA number associated with the Program. "10.561" has been pre-printed.

#### SECTION II - TOTAL FUNDS AVAILABLE

**Beginning Allocation:** Enter the amount of the beginning allocation.

**Additional Allocation:** Enter the additional allocation, if applicable.

**De-obligation:** Enter the de-obligation amount, if applicable.

**Total Funds Available:** *This cell will automatically calculate the sum of Section II.*

#### SECTION III – PLANNED EXPENDITURES

**Program Delivery:** *This cell will automatically equal the total funds available.*

**Note:** The Program Delivery Budget Information Summary form titled "17-15\_BIS-Program.xlsx" is attached to this official policy email.

## ***Budget Information Summary Instructions***

### ***Food Assistance Employment and Training Plus – Supportive Services***

#### SECTION I – IDENTIFICATION INFORMATION

**Michigan Works! Agency (MWA) Name:** Enter the name of the MWA.

**Policy Issuance Number:** Enter the policy issuance number. “17-15” has been pre-printed.

**Grant Name:** Enter the grant name. “FY17 SAM GRTS-SNAP-50% FED/50% GF” has been pre-printed.

**Project Name:** Enter the project name. “FY17 FAE&T Plus. Supp. Servs.” has been pre-printed.

**Plan Period:** Enter the start and end dates of the plan period. “02/01/17 through 09/30/17” has been pre-printed.

**Catalog of Federal Domestic Assistance (CFDA):** Enter the CFDA number associated with the Program. “10.561” has been pre-printed.

#### SECTION II – TOTAL FUNDS AVAILABLE

**Beginning Allocation:** Enter the amount of the beginning allocation.

**Additional Allocation:** Enter the additional allocation, if applicable.

**De-obligation:** Enter the de-obligation amount, if applicable.

**Total Funds Available:** *This cell will automatically calculate the sum of section II.*

#### SECTION III – PLANNED EXPENDITURES

**Supportive Services:** *This cell will automatically equal the total funds available.*

**Note:** The **Supportive Services Budget Information Summary** form titled “17-15\_BIS-Supp-Servs.xlsx” is attached to this official policy email.

Food Assistance Employment and Training Plus Allocation for Reimbursement  
Fiscal Year 2017, PI 17-15

<b>Michigan Works! Agency</b>	<b>Approved Reimbursement Funds for Program Delivery</b>	<b>Approved Reimbursement Funds for Supportive Services</b>
	(\$)	(\$)
ACSET dba West MI Works!	165,181.50	8,121.00
DESC	360,359.00	12,129.00
<b>Totals</b>	<b>525,540.50</b>	<b>20,250.00</b>