

PART XXV SNAP EMPLOYMENT & TRAINING (SNAP E&T)

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A. SNAP EMPLOYMENT AND TRAINING PURPOSE

SNAP Employment & Training (SNAP E&T) is a federally funded, state administered program that assists program participants in gaining the skills, training or work experience needed to move toward and into employment. SNAP E&T also helps reduce barriers to work by providing individuals with support services such as transportation and childcare as they prepare for and obtain employment and job retention services to help them maintain employment. Participation in SNAP E&T is voluntary.

See Appendix I for a list of Virginia localities that operate SNAP E&T.

B. REFERRAL TO SNAP E&T

1. Eligibility Process

The Eligibility Worker (EW) must determine the work registration status for each household member. The EW must record any member as registered if the member does not meet a registration exemption or if the member wants to volunteer to participate in SNAP E&T. Mandatory registrants and those who want to volunteer are referred to SNAP E&T through VaCMS at application or reapplication and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification. See Part VIII.A for a discussion on the registration exemptions.

**Note: A SNAP E&T script for EWs can be found on FUSION, located on the [SNAP E&T Forms](#) page under “Case Management”.**

2. Participant Categories

- a. New – participant who has not been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).
- b. Re-registrant – participant who has been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

3. SNAP E&T Categories

- a. Active - a category in which participants with no barriers to employment are placed.
- b. Pending - a category in which participants are placed when they cannot move immediately into an activity or when they have short-term barriers to employment (less than 60 days).
- c. Inactive - a category in which participants with long-term (60 or more days) or substantial barriers to employment are placed.

Barriers may include, but, are not limited to:

1. unavailability of dependent care;

2. unavailability of transportation;
3. second and third trimester pregnancies;
4. medical problems that would make participation impractical;
5. significant family issues;
6. homeless, as defined in Definitions; or
7. status as a migrant or seasonal farm worker away from the home base following the work stream.

#### 4. SNAP E&T Program Documentation

**All SNAP E&T case narrative documentation must be entered into the Data Collection-Case Comments module of the VaCMS for all case actions, assessments, supportive services, and when completing monthly ESP data entry participation inputs. E&T must use ESP for the Entity and SNAP E&T for the program header.**

**All required forms must be scanned into DMIS as indicated on the [Benefit Programs Required Scanning Documents](#) form. As a best practice, scan documents and forms within 48 hours of receiving them to avoid an oversight.**

#### C. ASSESSMENT

An assessment will identify participants' job readiness and, if appropriate, to develop a plan that outlines participants' future course of action in the program, ultimately leading to self-sufficiency.

Some SNAP E&T participants may have disabilities, including temporary medical conditions, or are caring for household members with disabilities, that may affect program participation. Disabilities may be identified during the application process or later at a SNAP E&T assessment. When the SNAP E&T worker has documentation of a verified disability and the effect of the disability on program participation, accommodations must be put in place so that the participant is not denied the opportunities available through SNAP E&T.

Accommodations may include, but are not limited to:

- part-time or flexible hours for work activities;
- providing the individual with work activities in a specific work environment that enables the individual to participate in work activities;
- providing particular types of jobs or work activities that are consistent with the person's limitations;
- activities that are scheduled so they do not conflict with ongoing medical or mental health treatment or care-taking responsibilities;
- additional notices of program appointments;
- additional explanations of program rules;
- job coaches;

- additional time to complete program requirements; and
- additional intervention before an individual's SNAP E&T case is closed because of non-compliance with SNAP E&T requirements.

See the Job Accommodation Network site for an extensive list of accommodations by disability <http://www.jan.wvu.edu/media/atoz.htm>.

There are three types of assessments: pre-assessments, initial assessments and reassessments. Assessments may be conducted either individually or in a group.

1. Pre-Assessment

A pre-assessment may be conducted for any participant due for an initial assessment.

- a. If the SNAP E&T worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the SNAP E&T worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.
- b. The pre-assessment may be conducted face-to-face, by mail or by phone.
- c. If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The SNAP E&T worker must send the registrant a letter that advises:
  1. The purpose of the SNAP E&T component;
  2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;
  3. That failure to complete and return the form by the required date may affect the registrant's or household's eligibility for SNAP E&T; and
  4. How to contact the SNAP E&T worker if the participant is unable to complete and return the form by the required date.
- d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.

- e. Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The VaCMS must be documented to include the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.

2. Initial Assessment

- a. The SNAP E&T worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.
- b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAP E&T worker or by a telephone interview.
- c. The SNAP E&T worker must send the participant a letter that provides:
  - The date of the assessment interview;
  - An explanation that appearance for the interview is a condition of continued eligibility for SNAP E&T benefits and that the consequence of not attending the interview may be the inability to enroll in SNAP E&T;
  - Instructions for contacting the SNAP E&T worker; and
  - Instructions for contacting the SNAP E&T worker if the participant is unable to attend the interview or needs to reschedule the appointment.

To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not interfere with their normal work hours.

3. Procedures

- a. The SNAP E&T Assessment Form or an assessment tool that has been pre-approved by the SNAP E&T Manager must be completed on each participant. See Appendix II for the Assessment form.
- b. The assessment must include the following:
  1. An identification and evaluation of the participant's recent work history, occupational skills, education and training and a determination of the individuals' ability to read and write English.
  2. An identification of the participant's employment goal(s).
  3. A detailed evaluation of supportive service needs.

- c. The SNAP E&T worker must inform the participant of the following information:
1. program goals;
  2. program requirements, including an explanation of responsibilities and expectations for participants;
  3. that failure to comply, without good cause, with program requirements will result in closure of the SNAP E&T case and termination of supportive services;
  4. what constitutes good cause for not complying with program requirements;
  5. name and phone number of the SNAP E&T worker or other persons who might need to be contacted; and
  6. requirement to respond to all agency correspondence.
  7. During the initial assessment, the SNAP &ET worker must offer an opportunity for the SNAP E&T participant to register through the Virginia Career Works Portal at <https://va-career-works.myjourney.com>. The SNAP E&T worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.
- d. After the assessment, the SNAP E&T worker must determine the participant's ability to participate in the program.
1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAP E&T.
  2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
  3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
- e. If the SNAP E&T worker has sufficient reason to believe that a participant's mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the BPS through an internal communication form along with copies of all documentation at the time the reevaluation is requested.

**4. Activity and Service Plan of Participation**

- a. For initial assessments and reassessments, the SNAP E&T worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.
  1. For participants placed in an active status, the Plan must:
    - a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAP E&T worker and report changes which impact employment and/or participation;
    - b. identify the component begin and end dates;
    - c. describe the supportive services needed by the participant to carry out the assignment;
    - d. describe a plan for monitoring the participant's progress while he/she is participating in a component.
  2. For participants placed in a pending or inactive status, the Plan must document:
    - a. that active participation will not be required at this time;
    - b. the time frame of the placement;
    - c. the reason a participant's ability to participate is restricted.
  3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.
  4. Both the SNAP E&T worker and the participant must sign the Plan if the Assessment is conducted face-to-face.

**5. Reassessment**

- a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.



1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
  - a. participants placed in a pending category must be reassessed at least every 2 months;
  - b. participants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
  - c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in Section D.3.

Note: A participant may be reassigned to the same component.

#### D. PROGRAM COMPONENTS

Individuals participating in any program component other than Supervised Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.

Note that completion of a SNAP E&T component assignment does not mean the SNAP E&T case must close. The SNAP E&T case must close however if the EW closes the SNAP case.

**The SNAP E&T worker must verify SNAP eligibility monthly in VaCMS to ensure the client is eligible for E&T Services. To verify eligibility, please follow the steps below:**

- **In VaCMS, from the left Navigation menu, select "Inquiry", next select "Case", then insert the case number, and click the "Search" button. Scroll down to click on "Eligibility Summary".**
- **Review the Eligibility Summary to ensure that the SNAP Eligibility Result is "Approved".**

## 1. Case Management

Case Management is defined as services and activities that must directly support an individual's participation in the SNAP E&T program. Case management services can include, but are not limited to, comprehensive intake assessments, individualized Plan of Participation, progress monitoring, or coordination with service providers consisting of case management and at least one component. SNAP E&T programs must consist of case management and at least one Employment and Training Component. Case Management is a SNAP E&T component and must be provided to all SNAP E&T Participants. Case Management must directly support an individual's participation in an Employment and Training program. Case Management services must be targeted to the needs of the participant and allow for efficient delivery of services. Case Management Services may only include allowable Employment and Training Costs. Time spent by the participant must count toward time-engaged with Employment and Training, as long as the services are allowable costs.

## 2. Supervised Job Search

Job Search activities that occur at in state-approved locations or systems where job-search activities are directly supervised and the timing/activities are tracked. This component requires participants make a predetermined number of inquiries to prospective employers over a specified period of time. Examples of state approved locations may include but are not limited to American Job Centers (A.J.C's), Public Libraries, Employment Service Organizations (E.S.O's), 50/50 Providers and use of software/electronic platforms which track & time job search activities. Supervised Job Search may be self-paced and can occur remotely or in person, but engagement with a skilled person has to occur at least monthly. Supervised Job search activities must have a direct link to increase employment opportunities.

- a. Participants assigned to this component must participate in up to 8 weeks of supervised job search every 12 months.
- b. Supervised Job Search may be performed individually or in a group setting.
  1. Individual  
A participant makes a predetermined number of job contacts on his/her own.
  2. Group  
A group of participants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.
- c. The participant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The SNAP E&T worker must provide support and direction to the registrant throughout the supervised job search assignment.

1. The participant must be registered with the nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered as one employer contact.
2. The participant must report employer contacts in writing to the SNAP E&T worker by completing the SNAP E&T Supervised Job Search Form.
3. To qualify as an employer contact, four conditions must be met:
  - a. The participant must present himself/herself to an employer as being available for work;
  - b. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified in terms of experience, training or ability;
  - c. The participant cannot count the same employer more than once during a given supervised job search period unless different positions were sought; and
  - d. Contacts with employers may only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.
4. The SNAP E&T worker may contact any employer listed on the SNAP E&T Supervised Job Search Form to verify the contact.
- d. The specific requirements of Supervised Job Search will be determined by the local agency and described in each agency's Local Employment & Training Plan.
- e. Participants who obtain full-time employment while participating in the Supervised Job Search component will have fulfilled all program requirements for that assignment.
- f. Participants who obtain full-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their supervised job search. For example, if a registrant assigned to Supervised Job Search was required to have 24 job contacts but had completed only 17 at the time of employment, the registrant must make 7 more contacts.
- g. Participants who obtain part-time employment during Supervised Job Search and remain employed for 30 calendar days or more will have fulfilled all program requirements for that assignment.
- h. Participants who obtain part-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search requirement.

- i. If, at the end of the supervised job search assignment, the participant is unemployed or employed part-time and remains registered, they must be re-assessed and assigned to an appropriate component within 30 days.
- j. Participants who are employed part-time will continue active participation in SNAP E&T with their activities scheduled around their work hours.
- k. The Supervised Job Search component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals subject to the work requirement.

For purposes of the SNAP E&T evaluation, full-time employment is defined as employment of at least 30 hours per week and part-time employment is defined as less than 30 hours per week.

### 3. Job Search Training

This component strives to enhance the job readiness of participants by providing job seeking techniques and methods to increase motivation and self-confidence.

- a. Job Search Training includes activities that may consist of employability skill assessments, employability training, job placement services, or other direct training or support activities, including educational programs to expand the job search abilities or employability of the registrant. The Employment and Training Annual Plan must describe whether the local department will utilize Job Search Training component. If utilized, the process must be described. Examples of some acceptable programs are as follows:
  - 1. Group or Individually coordinated job search training activities may consist of employability assessments, occupational exploration, training and counseling in personal preparation for employability, and training and counseling in techniques for identifying and pursuing employment opportunities (including information on local emerging and demand occupations and job placement services).
  - 2. Nutrition Class
    - a. Classroom instruction on how to pack a nutritious lunch.
    - b. Classroom instruction on how to provide nutritious meals for a household and still be employed.
- b. The Job Search Training component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

4. Work Experience

A work experience program is defined as a program designed to improve employability of the household member through actual work experience or training, or both, and to enable individuals employed or trained under such programs to move promptly into regular, public or private employment. Work Experience is a planned, structured learning experience that takes place in a work place for a limited period of time. Work Experience may be paid or unpaid, as appropriate and consistent with other laws such as the Fair Labor Standards Act (FLSA). Work Experience may be arranged within the private sector, the non-profit sector or the public sector. Labor Standards apply in any work experience setting where there is an employee /employer relationship, as defined by FLSA.

A Work Experience Program must not provide any work that has the effect of replacing the employment of an individual not participating in the employment or training experience program. Additionally, the Work Experience must provide the same benefits and working conditions that are provide the same benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours. Work Experience is now divided into two categories:

a. Work Activity

1. This is defined as a Work Activity performed in exchange for SNAP Benefits to improve employability. Work Activity provides an individual with an opportunity to acquire general skills, knowledge and work habits necessary to obtain employment. The purpose of work activity is to improve the employability of those who cannot find unsubsidized full-time employment

b. Work Based Learning

1. Work Based Learning activities are defined as sustained interactions with industry or community professionals in real world settings to the extent possible. For example, Work Based Learning activities can take place at an educational institution that foster in-depth, firsthand engagement with the tasks required in a given career field that are aligned to curriculum and instruction. Work-based learning emphasizes employer engagement and includes specific training objectives that leads to regular employment.
2. Work-based learning can include internships, pre-apprenticeships, apprenticeships, customized training, transitional jobs, incumbent worker training, and on-the-job training as defined under WIOA. Work-based learning can include both subsidized and unsubsidized employment models.

The work experience placement may be followed by two weeks of supervised job search.

The primary focus of work experience is the development of good work habits, additional job skills, positive work attitudes, an understanding of the employee-employer relationship, and to obtain a recent job reference.

The Work Experience component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

c. Time Frames

1. The number of weeks a registrant may participate depends on the job site.
2. The amount of time used in traveling to and from the job site is not included when determining the number of hours the participant can work.
3. The participant cannot be required to be on a work site more than 120 hours per calendar month.
4. The total amount of time spent each month by a mandatory or voluntary participant in an SNAP E&T work program, combined with work for compensation, is unlimited. However, the State must provide Worker's Compensation coverage for a maximum of 120 hours a month.

d. Assignment Criteria

Each assignment must take the prior training, experience, skills and employment goal(s) of the participant into consideration in order to determine whether:

- The individual is in need of additional job skills or
- Work experience will yield a job reference or the development of good work habits or job skills.

e. Limitations

The use of the Work Experience component is limited by the following:

1. Participants must not be required to use their personal resources to pay participation costs.
2. Participants in the Work Experience component must not displace persons currently employed or be placed in established, unfilled positions.

Participants must not perform tasks that would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. Work Experience participants cannot be placed in the position of workers who are on sick leave, annual leave, leave without pay, or any other granted leave with or without pay, as that would be an act of displacement.

3. Participants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the participant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

f. Worker's Compensation

For Worker's Compensation purposes only, the Virginia Department of Social Services is considered the individual's employer. The Virginia Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with *0765-000e, SNAP WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part. The Employer's First Report of Accident form is in Appendix II.
2. The Local Agency Supervisor must develop a Panel of Physicians (with no less than three physicians) to offer to the injured employee. The Panel of Physicians form is available at <http://www.covwc.com/physicianform.php>. Providers should be in close proximity if possible and have skills related to employee's needs. A provider list is available at <http://www.covwc.com/pponetwork.php>. If you need help navigating the search tool or assistance with locating a provider, please contact our network partner, CareWorks at [client.services@careworks.com](mailto:client.services@careworks.com) or by calling (800) 734-4460.
3. The work site must submit all correspondence (forms, bills, etc.) regarding injury and accidents to Managed Care Innovations (MCI) in one of four ways:
  - Upload the documents with the Claim Reporting Portal by visiting [roi.sedgwick.com](http://roi.sedgwick.com)
  - Email to [covimaging@yorkrsq.com](mailto:covimaging@yorkrsq.com)
  - Fax to 804-371-2556
  - Mail to P.O. Box 1140, Richmond, VA 23218-1140
4. The work site must send a copy of the accident report to the SNAP E&T Worker at the local agency.
5. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the MCI. All invoices must show the participant's/employee's social security number.

5. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability or job retention of participants. Education services are allowed for up to 90 days after employment. The Education component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which participants may be assigned include, but are not limited to:
  1. Adult Basic Education;
  2. GED;
  3. Vocational Education;
  4. Community College Programs;
  5. Post-Secondary Education;
  6. Employment Training and Education Programs.

Such programs or activities must be part of a program or study of career and technical education as defined in section 3 of the Carl D. Perkin Act of 2006, high school or equivalent educational programs, remedial education programs for basic literacy level achievement and English as a second language instructional programs.

Educational components must directly enhance participants' employability. Approved components must establish a linkage between education and job-readiness.

- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During an individual's participation in an education program, progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.



6. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment or to retain employment. Training services are allowed for up to 90 days after employment.

- a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability or job retention.
- b. Training programs to which registrants may be referred include, but are not limited to:
  1. Computer classes,
  2. Vocational Rehabilitation,
  3. Employment Training and Education Programs.
- c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.
- d. During an individual's participation in a training program, progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of a training assignment may be followed by two weeks of job search.

7. Employment and Training for Ex-Offenders

Employment and training services for ex-offenders are offered in partnership with the Virginia Department of Criminal Justice. This component includes job skills assessments, occupational exploration, training and counseling in personal preparation for employability, employment opportunities, including information on local emerging and demand occupations and job placement services. This component will share costs for education and vocational training and supportive services. A referral form will be used. See Appendix II for the referral form.

8. Employment and Training for Refugees

Employment and training services for refugees are offered in a partnership with the Office of Newcomer Services through local Refugee Resettlement Agencies. Employment and training participants under the Refugee Social Services Program or Match Grant Program meet participation requirements for SNAP E&T by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAP E&T must meet the following procedures:

- a. The refugee resettlement staff will accompany the participant to the initial SNAP E&T assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAP E&T Plan of Participation.
- b. SNAP E&T agencies must stay in contact with the resettlement agency but, the resettlement agency is not required to send a break-down of component activities and hours to the SNAP E&T agency.
- c. SNAP E&T will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAP E&T case should be closed; when someone leaves the program; and when there is a job placement.

9. Job Retention

Job retention services is an allowable Employment & Training component. SNAP E&T agencies may offer this component for at least 30 days and no more than 90 days. The job retention component is intended to provide support services for at least 30 days and up to 90 days to individuals who have secured employment. Individuals are eligible to receive job retention services if they received SNAP benefits in the month of or the month before they start job retention, and may receive job retention services after leaving SNAP unless the individual is leaving SNAP due to a failure to comply with the general work requirement or an intentional program violation. The participant must have secured employment after or while receiving other Employment & Training services. There is no limit to the number of times an individual may receive job retention services, as long as the individual has re-engaged with Employment & Training prior to obtaining new employment.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAP E&T, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAP E&T. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, place the participant in either the pending or inactive status.

The need for any supportive services must be linked to needs identified on the Participant's Plan of Participation. Supportive services related to starting or retaining employment are allowed for a period not to exceed 90 days.

Participants who fail to comply with SNAP E&T requirements are not entitled to supportive services.

1. SNAP E&T Worker Responsibilities

- a. The SNAP E&T worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAP E&T worker or through a referral to a service/social worker or an outside service provider.

- b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/Supportive Services for Participants

There are three categories of social/supportive services available to SNAP E&T participants. These SNAP E&T social/supportive services may be provided directly or may be purchased.

a. Child Care

Child care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child care as a supportive service must be provided when the participant needs this service to participate in component activities.
2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, child care may be authorized.
3. Participants who need child care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child care policy. Payment may also include child care related transportation costs.

b. Transportation

This service is provided to enable participants to travel to and from authorized SNAP E&T activities.

1. The participant is primarily responsible for arranging transportation to participate in an SNAP E&T component. Transportation will be provided only when the registrant is unable to make arrangements.
2. Transportation may be provided by any of the following means:
  - a. Agency or public transportation;
  - b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
  - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.

- c. Other allowable expenses include:
1. Clothing suitable for job interviews;
  2. Licensing and bonding fees for a work experience or job placement;
  3. Uniforms;
  4. Work shoes;
  5. Purchase of an initial set of tools or equipment if required for a SNAP E&T component or job retention component;
  6. Fingerprinting, if necessary for a job;
  7. Background check when necessary for a job;
  8. Medical services such as TB testing if required for a job;
  9. Personal safety items required to complete training/educational coursework;
  10. Books;
  11. Course registration fees;
  12. Drug tests if required for a job;
  13. Eye exams and vision correction, such as the purchase of eyeglasses;
  14. Dental work such as routine cleaning;
  15. Minor auto repairs;
  16. Test fees and training material directly related to a SNAP E&T component;
  17. Union dues necessary for a job; and
  18. Housing assistance including rent/or utilities not to exceed \$1,500.00 per occurrence and no more than two times in a 12 month period.
  - 19. Broadband/Internet Access/Wi-Fi for Education, Vocational Training & Supervised Job Search Components.**
  20. Certain fees associated with the reinstatement of Driver's Licenses (Exceptions apply to certain conviction-related suspensions and revocations. A list of these suspensions and revocations can be found at <https://www.dmv.virginia.gov/webdoc/pdf/dmv39f.pdf>. Assistance is limited to \$300.00 per occurrence and no more than once in a 12 month period).

**Note: Refer to the Spending Funds Guide for VIEW and SNAP E&T located on FUSION on the Workforce Development Center page ([Workforce Development Center](#)) under the header Resources.**

3. Duration of SNAP E&T Services

SNAP E&T social/supportive services may be provided for as long as the individual needs the service to participate in a SNAP E&T component.

F. VOLUNTEERS

SNAP household members who are exempt from the work registration requirement may volunteer to participate in SNAP E&T.

1. Agencies may, at their option, permit volunteers to participate in a SNAP E&T component.
2. The same assessment procedures that apply to mandatory participants will apply to volunteers.

3. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the SNAP E&T program.

Example

A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. CHANGES/TRANSFERS

1. The SNAP E&T worker must notify the Eligibility Worker of any changes in the participant's situation that may affect the SNAP benefits or the individual's exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.
2. SNAP cases may be transferred from one Virginia locality to another. SNAP E&T case transfer procedures follow.
  - When a SNAP E&T case transfers from one SNAP E&T locality to another SNAP E&T locality, daily alerts are generated to the SNAP E&T worker in the sending locality and to the transfer in caseload in the receiving locality
  - The sending SNAP E&T locality will need to close all open SNAP E&T enrollments for the SNAP case with the SNAP E&T Closure Status value = "05" for Transferred.
  - In the SNAP E&T database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
  - The SNAP E&T worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAP E&T worker has closed the enrollment record.
  - When the receiving SNAP E&T locality opens a SNAP E&T Enrollment for the transferred in SNAP E&T client, the rule for the SNAP E&T Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAP E&T enrollment closed for transfer (closure status = 05)
  - The Date Entered Employment may equal the Date Entered Employment on the Enrollment in the Transfer Out locality. However, any "MMYYYY of Change" entered in the new FIPS can only start with the month after the last "MMYYYY of Change" in the Transfer Out locality.
  - If a SNAP case transfers from a SNAP E& T to a non-SNAP E&T agency, the enrollment is closed in the sending agency. No action is taken in the receiving agency.
  - If a SNAP case transfers from a non-SNAP E&T to a SNAP E&T agency, a referral is made to the SNAP E&T queue if the SNAP participant volunteers during the certification period.
  - No action must be taken if a SNAP case transfers from a non-SNAP E&T to a non-SNAP E&T agency.

H. SNAP RECIPIENTS & HIGH SCHOOL ATTENDANCE

The use of SNAP E&T Funds for Individuals attending High School is prohibited based on the following conditions:

1. State agencies may not use SNAP E&T funds to pay for costs associated with programs or courses offered through public high schools. This includes general types of government services normally provided to the general public, such as public education. The prohibition extends to paying for costs associated with programs offered through private high schools. Since a free public education is available through the State public education system, it is neither reasonable nor necessary to pay for services that are available to the individual for free.
2. Use of SNAP E&T funds may be used in certain cases for costs associated with out-of-school activities. While there are instances when it may be appropriate to provide SNAP E&T services to these individuals after school or on the weekends (i.e. outside of a high school setting), State agencies must ensure the following:
  - a. The costs are reasonable and necessary.  
Most individuals 16 to 18 years of age are required to be in school and are already receiving services through the State's education system. Virginia provides free high school education beyond age 18. High school curriculums are designed so that students are college or career ready upon graduation. Local agencies must work with the respective local school district to ensure that SNAP E&T service offered are not duplicative.
  - b. The components or activities offered meet the purpose and design requirements of SNAP E&T. The purpose of SNAP E&T is to help SNAP household members gain skills, education, or experience that help them obtain regular employment. SNAP E&T components must be designed to move SNAP recipients promptly into employment. There should be a direct link between the activities and the member's ability to obtain employment. Employment and Training participants, if offered regular employment, should be in a position to accept it. Programs designed for individuals who are still in high school are unlikely to meet these requirements. For example, drop-out prevention programs, career exploration activities, or summer youth employment programs, while admirable, do not meet these requirements. In the alternative, a program where an industry sponsor provides specific job training after school or in the evenings that is designed to lead directly and promptly to regular employment may be allowable.
3. Use of SNAP E&T funds may be used in certain cases for individuals above the Age of compulsory education and who are not attending high school: Individuals aged 16 or 17 who are head of the households or not attending school may be subject to the work requirements. In such cases, it would be appropriate for the Eligibility Worker to refer the individual to SNAP E&T. The associated costs must be allowable as detailed above. Interested SNAP participants who are 16 or 17 years of age and who are not attending high school should be referred to work with their state workforce agencies to coordinate services with the Workforce Innovation and Opportunity Act (WIOA) Youth Program.

## I. PROVIDER DETERMINATIONS

Provider determinations are issued when SNAP E&T participants have been determined to be ill-suited to participate in assigned Employment and Training component activities by a provider. LDSS staff are required to notify SNAP E&T participants who have been issued provider determination by an Employment and Training program or 50/50 provider within 10 days of receiving the information from the provider. By the next recertification period the LDSS must select one of the following steps after an individual receives a provider determination.

1. Refer the individual to an appropriate employment and training component;
2. Refer the individual to an appropriate workforce partnership, if available;
3. Re-assess the individual for mental and physical fitness; or
4. Coordinate with other Federal, State, or local workforce or assistance programs to identify other Employment and Training opportunities.

**Provider Determinations are required to be documented in the VaCMS and a notation of which one of the four steps listed above was taken.**

## J. WORKFORCE PARTNERSHIPS

Workforce Partnerships are cultivated by fostering partnerships with Employers, Employer Service Organizations, not-for-profits or eligible WIOA service providers. Workforce Partnerships for SNAP E&T participants are focused on gaining employment and training opportunities. Workforce Partnerships must be approved by the SNAP E&T unit or state contracted providers of Employment and Training programs. Workforce Partners must provide at least 20 hours of training, work or work experience. The SNAP E&T provider must provide SNAP participants with information about workforce partnerships, so that participants can make an informed decision.

## K. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAP E&T program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and WIA Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Division of Benefit Programs in order to maintain a central library of SNAP E&T contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.

2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's Local Employment and Training Plan. Prior to contracting, the agency should ensure that the contractor can provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating SNAP E&T, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies that choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.



8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the Office of the Attorney General. Other formats may be used in addition if required by the local government. A completed version of the state-approved format must be signed and sent to the Division of Benefit Programs along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor's responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);
5. A statement of the time frame for the service, including beginning and ending dates; and
6. A description of the specific anticipated outcomes

c. Contract Monitoring

1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.

Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.

2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

#### L. TERMINATION OF SNAP E&T ENROLLMENT

SNAP E&T participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAP E&T case or the loss of supportive services unless there is good cause for the noncompliance. SNAP clients who are subject to time limit benefits and fail to comply with SNAP E&T may result in the loss of benefits for the affected individual if no other exemption exists.

##### 1. Good Cause for Failure to Participate

- a. Prior to termination, the SNAP E&T worker must determine if a good cause reason for the noncompliance existed at the time of the noncompliance. Documentation must be requested from the participant as part of the evaluation.
- b. A participant who has good cause for noncompliance will not be terminated. Good cause exists if:
  1. The participant's inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
  2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.
  3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.
- c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the SNAP E&T worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
- d. A reasonable effort must be made to contact participants. The worker must document that an attempt by telephone or a personal contact has been made prior to terminating the case.

The purpose of this contact is to ensure the participant understands the program and has an opportunity to explain the reason for noncompliance.

- e. The SNAP E&T worker may issue a warning to a participant instead of closing the SNAP E&T case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.

2. Reasons for Terminating SNAP E&T

Failure to:

- a. complete and return the pre-assessment form or other requested information by the required date;
- b. report for scheduled appointments and/or interviews;
- c. actively engage in Supervised Job Search or to complete requirements designated in the annual local Employment and Training Plan and state policy;
- d. report to or complete a Work Experience assignment, including job search;
- e. report to or complete assigned education and training activities, including job search;
- f. report to or complete other assigned SNAP E&T activities as stated on the Plan of Participation;
- g. accept available supportive services, thereby preventing participation in any mandatory program activity;
- h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
  - 1. not be beyond the physical or intellectual capabilities of the registrant; and
  - 2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).
- i. report to an employer to whom the participant was referred by the SNAP E&T worker.

3. Required Documentation

- a. A copy of all correspondences with the participant must be in the case record.
- b. The Plan of Participation (unless the participant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the SNAP E&T activity to which the participant was assigned and any actions required by the participant.
- c. Contact Sheet documenting all contacts with the participant.
- d. SNAP E&T Notice of Case Closure.

- e. Any referrals to an education, training or work experience provider.
  - f. Any records of the participant's performance or progress in an activity.
  - g. Any records of the participant's attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.
4. SNAP E&T Notice of Case Closure
- a. The SNAP E&T worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.
  - b. The Notice must inform the participant of the specific requirement that was not met and advise the participant to contact the SNAP E&T worker within five working days from the date the Notice of Sanction was mailed to establish good cause.
    - 1. If the participant does not respond to the Notice by the date given, he/she is subject to termination from the program.
    - 2. If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the SNAP E&T case will close. If the registrant does not present good cause, the SNAP E&T case must close. If good cause is determined to exist, the SNAP E&T case will not be affected.

M. APPEALS/HEARINGS

1. Right of Appeal

All participants have the right to appeal an agency decision that results in adverse action being taken against them, including the closure of the SNAP E&T case and the termination of supportive services. See Part XIX for the appeals process.

The SNAP E&T case must remain open until a decision is rendered.

- 1. If the agency action is reversed, the participant must be reassessed to determine the appropriate component assignment.
- 2. If the agency action is sustained, the SNAP E&T case must be closed.

N. STATISTICS AND REPORTING

**The SNAP E&T Local Monthly Report is emailed to local agencies. Special reports are available upon request. The request must be submitted to the SNAP E&T Home Office Consultants.**

O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit a Local Employment and Training Plan to the Virginia Department of Social Services by July 1<sup>st</sup> of each year or as directed. **Each local department of social services must follow the plan template located on FUSION on the Workforce Development Center page ([Workforce Development Center](#)).**

VIRGINIA SNAPET AGENCIES

<b>AGENCY</b>	<b>FIPS</b>	<b>AGENCY</b>	<b>FIPS</b>
<b>Albemarle</b>	<b>003</b>	<b>Norfolk</b>	<b>710</b>
<b>Alexandria</b>	<b>510</b>	<b>Norton</b>	<b>720</b>
<b>Arlington</b>	<b>013</b>	<b>Petersburg</b>	<b>730</b>
<b>Bedford</b>	<b>019</b>	<b>Pittsylvania</b>	<b>143</b>
<b>Bristol</b>	<b>520</b>	<b>Portsmouth</b>	<b>740</b>
<b>Brunswick</b>	<b>025</b>	<b>Prince George</b>	<b>147</b>
<b>Charlottesville</b>	<b>540</b>	<b>Prince William</b>	<b>153</b>
<b>Chesapeake</b>	<b>550</b>	<b>Richmond City</b>	<b>760</b>
<b>Chesterfield-Colonial Heights</b>	<b>041/570</b>	<b>Roanoke County</b>	<b>161</b>
<b>Danville</b>	<b>590</b>	<b>Shenandoah Valley</b>	<b>015/790/ 820</b>
<b>Fairfax</b>	<b>059</b>	<b>Smyth</b>	<b>173</b>
<b>Frederick</b>	<b>069</b>	<b>Stafford</b>	<b>179</b>
<b>Galax</b>	<b>640</b>	<b>Surry</b>	<b>181</b>
<b>Grayson</b>	<b>077</b>	<b>Tazewell</b>	<b>185</b>
<b>Hampton</b>	<b>650</b>	<b>Virginia Beach</b>	<b>810</b>
<b>Henry/Martinsville</b>	<b>089</b>	<b>Winchester</b>	<b>840</b>
<b>King &amp; Queen</b>	<b>097</b>	<b>Wise</b>	<b>195</b>
<b>Manassas City</b>	<b>683</b>		
<b>Montgomery</b>	<b>121</b>		
<b>Newport News</b>	<b>700</b>		

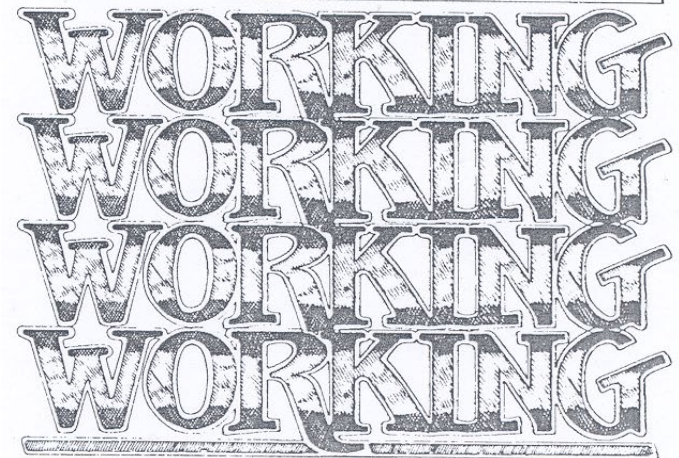
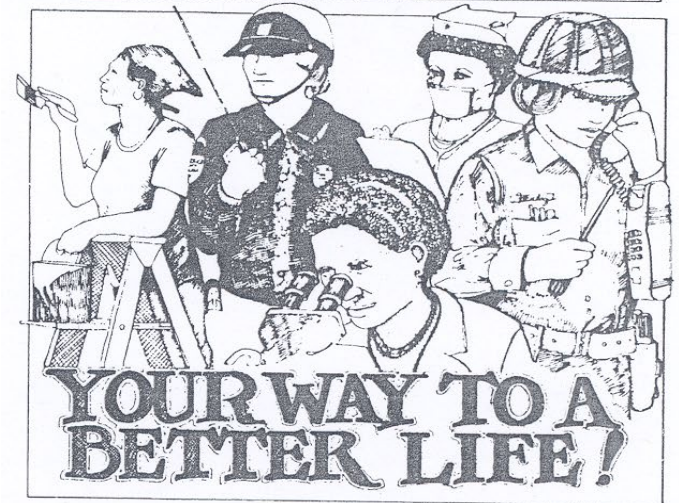
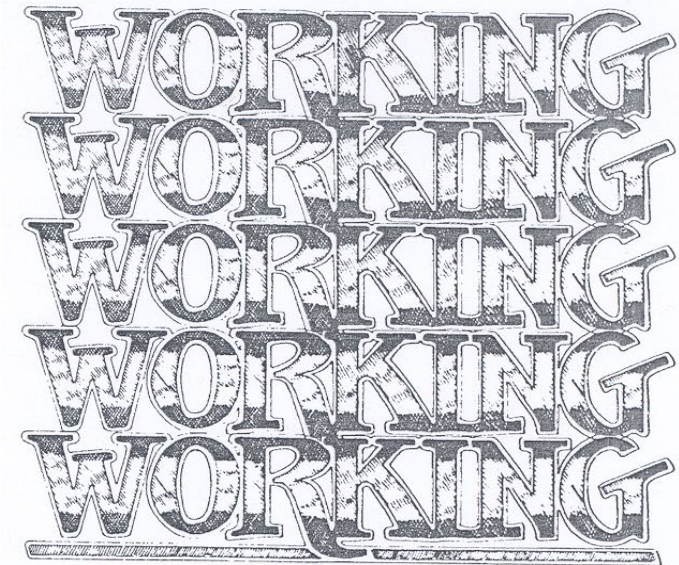
SNAPET FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-01-0921-03-eng	Working Your Way to a Better Life Pamphlet	1-3
032-02-0014-02-eng	SNAP E&T Pre-Assessment Form	4-5
<b>032-22-1090-01-eng</b>	<b>SNAP E&amp;T Assessment Form</b>	<b>6-13</b>
<b>032-02-1000-13-eng</b>	<b>ESP Activity and Service Plan</b>	<b>14-17</b>
<b>032-02-1030-02-eng</b>	<b>SNAP E&amp;T Job Search Form</b>	<b>18-21</b>
<b>032-02-1070-02-eng</b>	<b>SNAP E&amp;T Work Site Agreement</b>	<b>22-23</b>
<b>032-02-1060-10-eng</b>	<b>Referral to Work Experience Site</b>	<b>24-25</b>
<b>032-02-1010-03-eng</b>	<b>Work Experience Attendance and Performance Record</b>	<b>26-27</b>
<b>032-02-1020-04-eng</b>	<b>Education and Training Attendance Sheet</b>	<b>28-30</b>
032-02-0072-12-eng	Employment Services Programs Communication Form	<b>31-32</b>
032-02-0089-08-eng	SNAP E&T Notice of Case Closure	<b>33-35</b>
032-03-1040-11-eng	<b>SNAP E&amp;T Medical Evaluation</b>	<b>36-39</b>
032-03-0412-02-eng	Local Department of Social Services Re-Entry Client Referral Sheet	<b>40-41</b>
VWC Form No. 3 (rev. 10/08)	First Report of Injury	<b>42-43</b>

# Pocket Résumé

A pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you will be prepared to give an accurate and complete description of your qualifications – and thereby get one step ahead of other job seekers.

NAME _____		TELEPHONE NO. _____	
ADDRESS _____		CITY/STATE _____	
BIRTHDATE _____		SOCIAL SECURITY NO. _____	
<b>EDUCATION</b>			
NAME/ADDRESS OF SCHOOL	YEAR COMPLETED	COURSE/DEGREE	
GRADE SCHOOL			
HIGH SCHOOL			
VOCATIONAL			
COLLEGE			
OTHER			
<b>WORK EXPERIENCE (PAID OR VOLUNTEER)</b>			
EMPLOYER'S NAME & ADDRESS	SUPERVISOR	DUTIES	FROM TO WAGES/SALARY
<b>REFERENCES</b>			
NAME	ADDRESS	POSITION	TELEPHONE NO.
<b>OTHER INFORMATION</b>			
HOBBIES	INTERESTS	SPECIAL SKILLS	





## **Tips For Job-Seeking Success**

### **BELIEVE IN YOURSELF**

Remember, you have much to offer an employer.

### **THERE ARE MANY JOBS AVAILABLE**

even when unemployment is high. Jobs open up all the time as people move, get transferred, stop work, or retire.

### **DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.**

Remember that you can do many things. If there are no jobs available in the kind of work that you have done before, don't be afraid to look for a job in a Different field.

### **GO AFTER THE "HIDDEN JOB MARKET"**

by getting job leads from the yellow pages of the phone book, from your friends and relatives, and by going directly to places for employment. Study the want ads, too, but don't limit yourself to them since most job openings are never anticipated.

### **GET YOUR FAMILY TO HELP**

so that your times is as free as possible to look for a job. Tell your friends and relatives you are looking for a job. Over half of all jobs are found due to the help of friends and relatives.

### **TREAT JOB-SEEKING AS A FULL TIME JOB.**

About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

### **KEEP YOURSELF ORGANIZED.**

Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

### **FILL OUT THE POCKET RÉSUMÉ**

on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

### **GET LETTERS OF RECOMMENDATION**

from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

### **ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU**

and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

### **DRESS NEATLY.**

First impressions do count!

### **LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.**

The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

### **DON'T FORGET TO MENTION THE PERSONAL QUALITIES**

that will make you a good worker. Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

### **KEEP TRYING!**

Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your chances of getting hired are greater.

### **DON'T GET DISCOURAGED!**

Your chances of getting a job increase with each interview you have.

### **THERE IS NO REASON TO TELL AN EMPLOYER YOU ARE RECEIVING ASSISTANCE**

unless you wish to do so.

### **YOUR EMPLOYMENT SERVICES WORKER**

is available to offer any help you may need. Good luck

WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - b032-01-0921

PURPOSE OF FORM - This pamphlet provides SNAPET participants with "Tips for Job-Seeking Success."

USE OF FORM - SNAPET Workers/Case Managers may give this pamphlet to participants to provide helpful hints on how to seek employment successfully. The pamphlet also provides participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to participants

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to participants as needed.

This pamphlet is designed for use in individual or group job search efforts.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT & TRAINING (SNAPET)  
**PRE-ASSESSMENT FORM**

**Please complete this form and mail it back to us in the enclosed envelope by \_\_\_\_.**

**A. General Information/Education**

YOUR FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ ARE YOU ABLE TO READ ENGLISH?  YES  NO

LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE TAKEN:

DID YOU COMPLETE A COURSE? \_\_\_\_\_ DID YOU RECEIVE A CERTIFICATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**B. Employment**

ARE YOU WORKING NOW?  YES  NO IF NO, DO YOU EXPECT TO BE WORKING SOON?  YES  NO

PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:

EMPLOYER'S NAME: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DATE BEGAN: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

YOUR DUTIES: \_\_\_\_\_

PAY PER HOUR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?

WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

**C. Employment/Training Needs:**

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

LACK OF SKILLS OR TRAINING  LACK OF CHILD CARE  NEED EYEGLASSES  MEDICAL PROBLEMS

NO JOBS AVAILABLE  LACK OF TRANSPORTATION  CANNOT READ  FAMILY PROBLEMS

DID NOT FINISH HIGH SCHOOL  LANGUAGE PROBLEMS  OTHER \_\_\_\_\_

PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\* PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ENVELOPE TODAY \***

**AGENCY USE ONLY**

Assigned to \_\_\_\_\_ Pending  Inactive  Active (specify) \_\_\_\_\_

Reason: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Worker #: \_\_\_\_\_ Date: \_\_\_\_\_

SNAP E&T PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

PURPOSE OF FORM - This form may be used prior to conducting an initial assessment in order to screen participants for SNAPET. The form records basic information concerning the participant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

USE OF FORM - The information on this form is used to assess the job readiness of the participant and serves as a screening tool to help the SNAPET Worker decide whether participation in the program is feasible.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original must be maintained in the participant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM: - This form may be mailed to the participant, completed by the participant, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker during the certification interview.

- Assessment
- Reassessment
- SNAP E&T
- TANF/VIEW
- TANF-UP/VIEW

## VDSS Employment Services Program Assessment Form

Name \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_  
Primary Language \_\_\_\_\_ Do you need an interpreter? Yes  No

**Instructions:** The information you give us in this document is confidential and asked only to help us better assist you on the path to self-sufficiency. **Please do your best to answer as many questions as you can. If you cannot answer a question, then please skip it and your worker will discuss it with you when you meet.** Also, please make sure to bring this document with you to your appointment.

Do you have access to a computer with internet? Yes  No   
Have you registered in Virginia Workforce Connection ([www.vawc.virginia.gov](http://www.vawc.virginia.gov))? Yes  No   
Are you registered with Virginia Career Works (<https://va-career-works.myjourney.com>)? Yes  No

Consideration in employment planning: Which of the following do you have to think about when finding and/or keeping employment/training/education? (Check all that apply):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Childcare             | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing Situation | <input type="checkbox"/> Health              |
| <input type="checkbox"/> Job Skills/Experience | <input type="checkbox"/> Education      | <input type="checkbox"/> Family Situation  | <input type="checkbox"/> Financial Situation |
| <input type="checkbox"/> Legal/Criminal Status | <input type="checkbox"/> Family Abuse*  | <input type="checkbox"/> Substance Abuse   | <input type="checkbox"/> Limited English     |
| <input type="checkbox"/> Other                 |   |  |  |

\*The Family Violence Hotline can be reached at 1-800-838-8238.

### (A) CHILDCARE

Do you have reliable childcare? Yes  No  N/A  Do you need help getting childcare? Yes  No   
If relying on one person for childcare, what is your back-up childcare if the person is unavailable?  
\_\_\_\_\_

### (B) TRANSPORTATION

Do you have a driver's license? Yes  No  If no, are you interested in getting your license? Yes  No   
Is your license suspended? If so, why? \_\_\_\_\_  
Do you own a vehicle? Yes  No  Is it reliable? Yes  No   
What is your usual method of transportation (bus, bike, walking, a friend, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

### (C) HOUSING SITUATION

What is your current housing situation?     Rent     Own     Homeless/House to House     In a shelter

Are you receiving housing assistance?     Yes     No    If yes, what type? \_\_\_\_\_

Is your housing situation safe and stable for you and your children?     Yes     No

If no, describe: \_\_\_\_\_

\_\_\_\_\_

### (D) HEALTH

Do you have health insurance?    Yes     No

Do you have health concerns (emotional or physical) that would prevent you from seeking or keeping employment?  
 Yes     No     I choose not to answer    If yes, describe: \_\_\_\_\_

If you remember, what was the date of your last physical? \_\_\_\_\_

Do you have problems with any of the following?  
 Walking     Lifting     Dental problems     Back problems     Standing or sitting for long periods  
 Vision, speech, or hearing     Tiring easily     Breathing difficulty     I choose not to answer

Have you ever been hospitalized?    Yes     No     I choose not to answer

If yes, why? \_\_\_\_\_

Have you ever received counseling?     Yes     No     I choose not to answer

Are you currently receiving counseling?     Yes     No     I choose not to answer

If currently receiving counseling, why? \_\_\_\_\_

Are you taking any prescription medications?     Yes     No     I choose not to answer

If an employer gave you a drug test, could you pass?     Yes     No

If no, could you pass given one month's notice?     Yes     No

### (E) EMPLOYMENT GOALS

Do you have any job or career goals?    Yes     No     If yes, then please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, then how do you plan to support yourself and your family over the next 12 months? Do you have other goals you would like to accomplish in the next 12 months? \_\_\_\_\_

\_\_\_\_\_

What actions will you need to take in the next 6-12 months that will help you reach your career goal?  
\_\_\_\_\_

What actions will you need to take in the next 1-3 years that will help you reach your career goals?

---

What additional goals are you trying to accomplish (personal, financial, educational) in the next 5 years?

---

What is making it hard for you to reach these goals?

---

What outcomes do you expect from your participation in the SNAP E&T/VIEW program?

---

**Think about it....** What hurdle, obstacle, or challenge you have faced and overcome? What steps did you take to get over, get past, or remove this hurdle or obstacle? Discuss with your employment worker at your appointment.

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### (F) EMPLOYMENT SEARCH

What type of careers interest you? \_\_\_\_\_

What type of employment are you currently looking for? \_\_\_\_\_

What jobs have you recently applied for? \_\_\_\_\_

How many hours per week would you like to work? \_\_\_\_\_ What is your desired hourly pay? \_\_\_\_\_

Using the chart below, what hours are you available to work each day?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (ex. 8am-5pm)							

In what city/cities are you willing to work? \_\_\_\_\_

What type of environment would you like to work? \_\_\_\_\_

What kinds of jobs do you always seem to be hired for? \_\_\_\_\_

---

### (G) SKILLS

What would your former coworkers or supervisors say are your greatest strengths?

---

What challenges have you overcome in your current/previous jobs?

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---

**Soft skills** are the skills that include your personality, attitude, flexibility, motivation, and manners. **Soft skills** are so important that they are often the reason employers decide whether to keep or promote an employee. **Hard skills**, also known as technical skills, are the skills needed that are directly related to the job to which you are applying.

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Select from the list and provide additional information on the skills you would bring to an employer:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Adaptability/Flexibility                 | <input type="checkbox"/> Empathy                       | <input type="checkbox"/> Multitasking      | <input type="checkbox"/> Selling skills              |
| <input type="checkbox"/> Artistic aptitude                        | <input type="checkbox"/> Enthusiasm                    | <input type="checkbox"/> Networking        | <input type="checkbox"/> Social skills               |
| <input type="checkbox"/> Communication                            | <input type="checkbox"/> Establishing relationships    | <input type="checkbox"/> Organization      | <input type="checkbox"/> Staying on task             |
| <input type="checkbox"/> Confidence                               | <input type="checkbox"/> Follow rules and regulations  | <input type="checkbox"/> Patience          | <input type="checkbox"/> Storytelling                |
| <input type="checkbox"/> Conflict management                      | <input type="checkbox"/> Following directions          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Stress management           |
| <input type="checkbox"/> Cooperation                              | <input type="checkbox"/> Functions well under pressure | <input type="checkbox"/> Problem solving   | <input type="checkbox"/> Team player                 |
| <input type="checkbox"/> Creativity                               | <input type="checkbox"/> Giving clear feedback         | <input type="checkbox"/> Public speaking   | <input type="checkbox"/> Technology savvy            |
| <input type="checkbox"/> Critical Thinking                        | <input type="checkbox"/> Honesty                       | <input type="checkbox"/> Punctuality       | <input type="checkbox"/> Time management             |
| <input type="checkbox"/> Customer service                         | <input type="checkbox"/> Independence                  | <input type="checkbox"/> Respectfulness    | <input type="checkbox"/> Willing to accept feedback  |
| <input type="checkbox"/> Dealing with difficult people/situations | <input type="checkbox"/> Interpersonal skills          | <input type="checkbox"/> Safety conscious  | <input type="checkbox"/> Willingness to learn        |
| <input type="checkbox"/> Decision making                          | <input type="checkbox"/> Leadership                    | <input type="checkbox"/> Scheduling        | <input type="checkbox"/> Working well under pressure |
| <input type="checkbox"/> Dependability                            | <input type="checkbox"/> Listening                     | <input type="checkbox"/> Self-awareness    | <input type="checkbox"/> Work-life balance           |
|   | <input type="checkbox"/> Logical thinking              | <input type="checkbox"/> Self-directed     | <input type="checkbox"/> Writing skills              |

Other: \_\_\_\_\_

List three people who would be good job references: \_\_\_\_\_ (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

**(H) WORK EXPERIENCE**

Do you have a resume? Yes  No  Do you need help creating a resume? Yes  No

Provide an updated resume or complete the information below, beginning with your current or most recent job.

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What was your favorite job and why? \_\_\_\_\_

How often were you absent or late from your last job and why? \_\_\_\_\_

What other jobs would you consider? \_\_\_\_\_

Have you ever been self-employed or a contractor? Yes  No  If yes, tell us about it below.

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Company's Name: \_\_\_\_\_ What did the company specialize in? \_\_\_\_\_

What did you do? \_\_\_\_\_

Dates worked from \_\_\_\_\_ to \_\_\_\_\_ Final hourly pay \_\_\_\_\_



Why did you stop pursuing self-employment? \_\_\_\_\_

Have you served in the military? Yes  No  Date from: \_\_\_\_\_ to \_\_\_\_\_

Please provide additional information on service branch, responsibilities, trainings, and certifications.

Do you have volunteer experience? Yes  No  If yes, where did you volunteer and what did you do?

### (I) EDUCATION/TRAINING

Tell us about your education including the highest level of education you have achieved along with completion dates.

Tell us about any vocational training, certifications, occupational licenses, or college classes you have completed.

Tell us about your learning challenges or if you participated in special programs while attending school?

What types of training or formal education would you be interested in obtaining and why?

When and where would you like to attend post-secondary education or training?

### (J) SUPPORT SYSTEM AND FAMILY SITUATION

Do you have relatives and/or close friends in the area that you can contact in a time of need or for help?

Yes  No

If yes, who are they and what is their relationship to you?

Emergency Contact: \_\_\_\_\_

How many children are currently living with you? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Are you pregnant? Yes  No  If yes, due date: \_\_\_\_\_

Who do you consider to be your support system, the person/people you celebrate with, go to when you have a problem, or call when you want to talk? \_\_\_\_\_

What do you like to do in your spare time (hobbies, church, play with your children, read, watch TV, socialize, etc.)?

What programs have you worked with in the past (ex. Job coaching, Dept. of Aging and Rehabilitative Services (DARS), Community Service Board (CSB), etc.)? Describe the program and when you participated.

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### (E) FINANCIAL SITUATION

Are you able to pay your monthly bills?  Yes  No Would you like budgeting assistance?  Yes  No

List any debts, loans, past-due or unpaid bills, and court fines: \_\_\_\_\_

List your current expenses:

Rent \_\_\_\_\_ Utilities \_\_\_\_\_ Phone/Cable \_\_\_\_\_

Car payment	_____	Insurance	_____	Healthcare	_____
Childcare	_____	Groceries	_____	Other	_____

Do you have income (include child support, TANF, SSI, etc.)?  Yes  No If yes, how much? \_\_\_\_\_

Would you like help enforcing or reviewing your child support obligation?  Yes  No

Have you ever gotten your credit report?  Yes  No

Do you have a bank account?  Yes  No If no, would you like to open an account?  Yes  No

**(F) LEGAL AND/OR CRIMINAL HISTORY**

What legal documents do you need assistance obtaining (birth certificate, social security card, ID card, etc.)?  
\_\_\_\_\_

Have you ever been charged or convicted of a crime, including a DUI?  Yes, misdemeanor  Yes, felony  No

If yes, describe the charges and date(s): \_\_\_\_\_

If you were incarcerated, what were the dates from: \_\_\_\_\_ to \_\_\_\_\_

Are you currently on probation?  Yes  No If yes, when will your probation end? \_\_\_\_\_

If convicted of a crime, has it kept you from getting a job?  Yes  No

How do you explain this situation to employers?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending court cases  Yes  No If yes, explain: \_\_\_\_\_

**(G) Section to be completed by Employment Services Program Staff Only**

Consent to Exchange Information Completed  Yes  No

*Referrals/Dates*

Referral: _____	Referral Date: _____
Referral: _____	Referral Date: _____

*(Optional) Additional Assessments Completed:*

Name of Assessment: _____	Name of Assessment: _____
Date of Completion: _____	Date of Completion: _____
Score/Outcome: _____	Score/Outcome: _____

SNAP E&T ASSESSMENT FORM

**FORM NUMBER - 032-22-1090**

**PURPOSE OF FORM** - This form is initially completed by the Employment Services Program (ESP) participant and worker at the time of the assessment interview. The form records information concerning the ESP participant's educational background, employment history, interests, employment goals and employment barriers.

**USE OF FORM** - The information on this form is used to assess the job readiness of the participant and serves as a foundation for development of the participant's Activity and Service Plan (032-02-302). Date information added after the initial assessment to show MM/DD/YY of entry.

**NUMBER OF COPIES** – One (provide participant with a copy of pages 1- 6).

**DISPOSITION OF COPIES** - Original will be maintained in the participant's case record.

**INSTRUCTIONS FOR PREPARATION OF FORM** - Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY the assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

On page 1, the program participant will provide their name, case number, contact information, primary language, and the date that they started the assessment form. The instruction directs the program participant to answer as many questions as possible.

The section "Consideration in Employment Planning" is on the first page and designed to allow the program participant and worker to identify issues which may impact the client's progress toward self-sufficiency and economic stability. If problems are identified, the program participant has an opportunity to decide how these issues will be resolved. This section is in the beginning of the assessment to address possible barriers in the early stages of the assessment.

The following sections are designed to allow the participant to identify issues related to childcare, transportation, housing, and the participant's health, which may impact the client's progress toward self-sufficiency and economic stability.

- A. CHILDCARE
- B. TRANSPORTATION
- C. HOUSING SITUATION
- D. HEALTH (Note: This section does not replace completion of "Do You Have a Disability" Form.)

The following sections are designed to capture the program participant's employment goals, interests, and prior experience. This information is very useful in the career planning process as the worker helps the participant to self-identify their strengths, career preferences and employment/training/educational paths.

- E. EMPLOYMENT GOALS** - This section is used to record the outcome the client envisions as a result of program participation. Short- and long-term goals are identified. Knowledge of these goals can help as the client and worker plan participation in the Employment Services Program.
- F. EMPLOYMENT SEARCH** – The section is designed for the participant to identify career interests, past employment applications and available workdays.
- G. SKILLS** – This section allows the participant to identify their soft skills and possible professional references. This information can be used for employment and training planning.
- H. WORK EXPERIENCE** - This section provides space for a chronological listing of the participant's employment. Information about the participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion. Information about volunteer work and military experience will allow identification of transferable skills which are useful in planning for participants with limited skills/employment. ESP participants may provide a current resume in place of the writing the past employment experience.
- I. EDUCATION/TRAINING:** Information about the last school attended and last grade completed is obtained from the participant during the assessment interview. The worker will use this part of the form to record functional education level testing. Record any training or post-secondary education. Be sure to list certificates and degrees obtained, fields of study, and dates. Provide information about apprenticeships and occupational licenses, and relevant dates. Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.

These following sections allow the participant to identify additional secondary employment barriers.

- J. SUPPORT SYTSTEM AND FAMILY SITUATION**
- K. FINANCIAL SITUATION**
- L. LEGAL AND/OR CRIMINAL HISTORY AND DOCUMENTS**
- M.** This section is designed for the Employment Services Worker to annotate if referrals were made to partner organizations or agencies to address employment barriers for the program participant. Employment Services Workers may also annotate the scores from assessments completed by the program participant. Examples of free self-directed assessment are:
- O\*\*NET Interest Profiler Results - [www.mynextmove.org](http://www.mynextmove.org)
  - CareerOneStop Skills Matcher - <https://www.careeronestop.org/toolkit/Skills/skills-matcher.aspx>
  - CareerOneStop Work Values Matcher - <https://www.careeronestop.org/Toolkit/Careers/work-values-matcher-assessment.aspx>

Participant's Name: \_\_\_\_\_  
 Case ID#: \_\_\_\_\_  
 ESW: \_\_\_\_\_  
 ESW Phone #: \_\_\_\_\_  
 # of Months Accrued on VIEW Clock \_\_\_\_\_ N/A   
 Date: \_\_\_\_\_

**ACTIVITY AND SERVICE PLAN**

**CURRENT PROGRAM  
 ACTIVITY ASSIGNMENT**

	<u>Planned Begin Date</u>	<u>Planned End Date</u>	<u>Planned Weekly Hrs/Pay &amp; Location</u>
<b><u>Core Activities</u></b>			
Currently employed full-time	_____	_____	_____
Currently employed part-time	_____	_____	_____
Job Search (VIEW)	_____	_____	_____
Supervised Job Search (SNAP E&T)	_____	_____	# of Job Contacts _____
Job Readiness (VIEW) / Job Search Training (SNAP E&T)	_____	_____	_____
Full Employment Program (FEP)	_____	_____	_____
On-the-Job Training (OJT)	_____	_____	_____
Community Work Experience (CWEP)	_____	_____	_____
Public Service Program (PSP)	_____	_____	_____
Vocational Education & Training	_____	_____	_____
Work Experience (WE)	_____	_____	_____

**Non-Core Activities – countable only after minimum 20 hrs/week completed in Core Activities (VIEW Only)**

- Job Skills Training \_\_\_\_\_  
 (Includes education above post-secondary when it is directly related to employment)
- Education below post-secondary \_\_\_\_\_

**Other Work Activities – these hours are not counted toward the participation requirement**

- Other Locally Developed \_\_\_\_\_

- Pending** (Assign for a maximum of 60 days)       **Inactive** (Assign up to 3x - 30 days per assignment)

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

--

**SUPPORTIVE /TRANSITIONAL SERVICES**

- Child Care     Transportation     TET     VTP     Other (please describe)

VTP Period    From \_\_\_\_\_ to \_\_\_\_\_

**AGENCY RESPONSIBILITIES**


**PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)**

**FOR ALL PARTICIPANTS**

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my ESW. I will notify my ESW of any changes in my employment status (such as obtaining new employment). I will inform my child care worker of any changes that affect my current activity.

**[VIEW Only]** I understand that if I fail to participate without a good reason, my TANF benefits/support services will be stopped and my SNAP benefits may be affected.

**FOR PARTICIPANTS WHO ARE EMPLOYED**

I will contact the Employment Services Worker (ESW) to discuss any problems that may affect my employment. I will not quit my job or put myself in a position to be fired without discussing the situation with my worker. I will notify my ESW of any changes in my employment status (such as obtaining new employment or changing jobs). I will complete the required monthly follow-up contact (by phone or by mail) with my ESW prior to **the 5th of each month.**

**FOR PARTICIPANTS ASSIGNED TO JOB SEARCH AND SUPERVISED JOB SEARCH**

I will carry out the responsibilities as agreed upon on my Job Search form.

**FOR PARTICIPANTS ASSIGNED TO CWEP, PSP or WE**

I will carry out the responsibilities as agreed to on my Work Site Position form. I will make sure that my Supervisor has provided the Attendance/ Performance Rating Sheet to my ESW by the 5th of each month.

**FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES**

I will provide the Attendance Sheet to my ESW by the 5th of each month. I will provide a copy of my grades at the end of each semester/ quarter/activity.

**FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM (VIEW only)**

I understand that I will receive monthly TANF benefits while I am employed in a FEP placement. I will call my FEP placement supervisor and my worker if I will be absent from work.

**FOR PARTICIPANTS ASSIGNED TO PENDING**

I understand that I am not actively participating at this time, but that the months during which I am assigned to this component will count toward my two year time period. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

**FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

**FOR PARTICIPANTS ASSIGNED TO VTP (VIEW only)**

I will complete the 6 month job follow-up and return the verification of my employment to my ESW by \_\_\_\_\_ .

**ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE**


**EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)**

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my assignments. By signing this form, I give permission to my ESW to share information from my case record when necessary to provide or coordinate services on my behalf.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WORKER'S SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SNAP E&T ACTIVITY and SERVICE PLAN**

**FORM NUMBER - 032-02-1000**

<b>Employment Services Program Acronyms</b>	
<b>CWEP</b>	<b>Community Work Experience</b>
<b>ESP</b>	<b>Employment Services Program</b>
<b>ESW</b>	<b>Employment Services Worker including FSS, FSW, SSS, SSW</b>
<b>FEP</b>	<b>Full Employment Program</b>
<b>PSP</b>	<b>Public Service Program</b>
<b>SNAP E&amp;T</b>	<b>Supplemental Nutrition Assistance Program Education &amp; Training</b>
<b>TET</b>	<b>Transitional Employment and Training Services</b>
<b>VIEW</b>	<b>Virginia Initiative for Education and Work</b>
<b>VTP</b>	<b>VIEW Transitional Payment</b>
<b>WE</b>	<b>Work Experience (SNAP E&amp;T)</b>

**PURPOSE OF FORM** - This form outlines a strategy designed by the Employment Services Worker and the SNAP E&T/VIEW participant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the VDSS Employment Services Program Assessment Form (032-22-1090). It details specific activities to which the participant will be assigned. It identifies any services that will be needed during assignments to these activities.

**USE OF FORM** - This form is prepared initially at the SNAP E&T/VIEW assessment and at the time of each reassessment. It is also to be used for persons eligible for TET and VIEW Transitional Payments. Activities on this form will correspond to entries in the Virginia Case Management System (VaCMS). This form will serve as the service application for clients requesting child care services and serve as documentation for the continued need for child care services. A copy of each Activity and Service Plan must be sent to the child care worker.

**NUMBER OF COPIES** – Three (One original and two copies)

**DISPOSITION OF COPIES** - Original is maintained in participant’s case record with a copy provided to the SNAP E&T/VIEW participant and a copy to the Child Care Worker, if necessary.

**INSTRUCTIONS FOR PREPARATION OF FORM:**

**CURRENT PROGRAM ACTIVITY ASSIGNMENT** - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location, dates, and hours/pay. (Note: The “current component assignment” following the initial assessment will include any assignment for the month of the assessment as well as the next three full months.) The information on this list will correspond with information in the VaCMS. Any assignment to pending or inactive needs to be explained in the space provided.

**SUPPORTIVE SERVICES** - Any services needed by the participant to engage in the program activities listed will be identified in this section of the Activity and Service Plan.

**AGENCY RESPONSIBILITIES** - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

**PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)** - The Employment Services Worker will complete this section by using the check boxes and writing in additional responsibilities as needed. This section will outline the specific steps the participant is required to take in order to comply with program requirements. By signing this section of the form, the SNAP E&T/VIEW participant indicates they have participated in the planning for activities described, and they understand their responsibilities as a SNAP E&T/VIEW program participant.

**(VIEW only)** For clients assigned to VTP, verification of continued employment is due by the date on the Activity and Service Plan. This date is approximately 6 months from the first VTP payment.



Participant's Name: \_\_\_\_\_  
Case #: \_\_\_\_\_  
ESW: \_\_\_\_\_  
ESW Phone #: \_\_\_\_\_

**SNAP E&T AND VIEW JOB SEARCH FORM**

**Important** - Use this form to record the employer contacts and the number of hours for each contact you are required to make while you are looking for a job.

- You do not need to get the signatures of the employer contacts, but your Employment Services Worker may verify these contacts.
- You can count the hours that you spend in face-to-face interviews, the hours completing and turning in job applications or resumes, and the travel time between interviews (but not to the first interview each day or from the last interview each day).
- [VIEW only]** If you do not complete and sign each page of the form then return it to your Employment Services Worker by the due date, your TANF or TANF-UP benefits may be suspended.

---

**REMEMBER YOU MUST:**

- [VIEW only]** Spend at least \_\_\_\_\_ hours per week looking for a job.  
From \_\_\_\_\_ (begin date) to \_\_\_\_\_ (end date)
- [SNAP E&T only]** Make at least \_\_\_\_\_ contacts per month looking for a job.  
From \_\_\_\_\_ (begin date) to \_\_\_\_\_ (end date)
- Accept suitable job offers.
- Notify your Employment Services Worker as soon as you get a job.
- Complete and sign each page of the form and:
- Return the completed form to your Employment Services Worker by \_\_\_\_\_ Date
- Keep this appointment with your Employment Services Worker on:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Time Address

**AGENCY USE ONLY**

Assigned hours for the month (VIEW) / Number of contacts for the month (SNAP E&T):	_____
Holiday hours used for the month (Group Job Search only) - (VIEW ONLY)	_____
Excused hours used for the month (Group Job Search only) - (VIEW ONLY):	_____
Total countable hours of participation for this activity for the month - (VIEW ONLY):	_____

Company	<u>Virginia Workforce Connection</u>	<input type="checkbox"/>	[Required] Register online at
Address	_____		<a href="https://www.vawc.virginia.gov">https://www.vawc.virginia.gov</a>
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Company	_____	<input type="checkbox"/>	Submitted a Resume/Application
Address	_____	<input type="checkbox"/>	Interview
	_____		
Type of job:	_____	Result of	_____
Person Contacted:	_____	Contact:	_____
Date of Contact:		Contact Hours:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

SNAP E&T SUPERVISED JOB SEARCH FORM

FORM NUMBER - 032-02-1030

<b>Employment Services Program Acronyms</b>	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

PURPOSE OF FORM - This form provides written documentation of the **SNAP E&T** participant's supervised job search contacts.

USE OF FORM - This form is used by **SNAP E&T** and **VIEW** participants to record employer contacts, contact hours and outcomes during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the participant completes job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The first section of the form is completed by the Employment Services Worker (ESW) and the information is discussed with the participant. After the form is returned by the participant, the ESW will fill in the number of contacts for the month (SNAP E&T only) or Assigned hours for the month, the Holiday hours used for the month, the Excused Absence hours used for the month, and the Total Countable hours of participation for this activity for the month (VIEW only).

The "Employer Contact List" is completed by the participant. Employers are not required to sign the form. The first box in the contacts section is to record the mandatory registration/contact with the Virginia Workforce Connection for both VIEW and SNAP E&T participants. At the end of the job search assignment or at a time designated by the Employment Services Worker, the form is to be returned to the agency. The Employment Services Worker will explain to the participant how the form is to be returned.

The participant will sign the form at the bottom of each page indicating that the contacts have actually been made and that contacts or hours are accurate. A statement on the form cautions the participant that the Employment Services Worker may contact the employer to verify the contact.

### WORK SITE AGREEMENT (CWEP, PSP or WE)

The \_\_\_\_\_ Department of Social Services (hereafter referred to as the Agency) and \_\_\_\_\_ (hereafter referred to as the work site) enter into this agreement in good faith to provide work experience and/or training to participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of VIEW and SNAP E&T and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the participant to participate in VIEW or SNAP E&T.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the 5<sup>th</sup> working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_

Authorized Signature (organization/work site) \_\_\_\_\_ Date \_\_\_\_\_

Agency/LDSS Representative \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT SERVICES PROGRAM WORK SITE AGREEMENT

FORM NUMBER - **032-02-1070**

<b>Employment Services Program Acronyms</b>	
<b>CWEP</b>	<b>Community Work Experience</b>
<b>ESP</b>	<b>Employment Services Program</b>
<b>ESW</b>	<b>Employment Services Worker including FSS, FSW, SSS, SSW</b>
<b>FEP</b>	<b>Full Employment Program</b>
<b>PSP</b>	<b>Public Service Program</b>
<b>SNAP E&amp;T</b>	<b>Supplemental Nutrition Assistance Program Education &amp; Training</b>
<b>VIEW</b>	<b>Virginia Initiative for Education and Work</b>
<b>WE</b>	<b>Work Experience (SNAP E&amp;T)</b>

PURPOSE OF FORM - **This form provides required documentation of the terms of the agreement between the CWEP, PSP or WE work site and the LDSS.**

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. **Copy is retained by the work site.**

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required. **However, each agreement may have several position descriptions associated with it.**

VIEW  SNAP E&T

Participant's Name: \_\_\_\_\_

Case #: \_\_\_\_\_

ESW: \_\_\_\_\_

ESW Phone #: \_\_\_\_\_

**SNAP E&T AND VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP, Work Experience)**

PARTICIPANT \_\_\_\_\_ CASE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

**TO THE PARTICIPANT:**

Take this referral to \_\_\_\_\_ (company/work site) for a FEP, CWEP, PSP or Work Experience position.

You are to report to: \_\_\_\_\_ on \_\_\_\_\_  
Name Date Time

Address/Directions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

If you are unable to keep this appointment, call the Worksite Supervisor \_\_\_\_\_ at ( ) \_\_\_\_\_ and your Employment Services Worker (ESW) immediately.

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**TO WORK SITE SUPERVISOR:**

Please give this participant your consideration for the \_\_\_\_\_ position with your organization as outlined in our Work Site Agreement form signed by \_\_\_\_\_.

He/she is eligible to work \_\_\_\_\_ hours per week.

Please complete the section below and return to (ESW)  
at email address: \_\_\_\_\_.

**TO EMPLOYMENT SERVICES WORKER (check one of the following):**

Participant will begin work on \_\_\_\_\_  
Date

He/she will be assigned to \_\_\_\_\_ hours per week at \_\_\_\_\_ per hour.

He/she will be working at: \_\_\_\_\_

Participant not selected to work in this position.

Reason: \_\_\_\_\_

Work Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**SNAP E&T AND VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP, Work Experience)**

**FORM NUMBER - 032-02-1060**

<b>Employment Services Program Acronyms</b>	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

**PURPOSE OF FORM - This form provides the SNAP E&T and VIEW participant and the CWEP, PSP or Work Experience work site or FEP employer with written information about the SNAP E&T or VIEW participant's assignment to or interview at the work site.**

**USE OF FORM - The form is used to refer SNAP E&T or VIEW participants to a CWEP, PSP or Work Experience work site or FEP placement to interview for a position.**

**NUMBER OF COPIES - Three**

**DISPOSITION OF COPIES - Original – Participant  
1<sup>st</sup> copy – Work Site  
2<sup>nd</sup> copy – Case Record**

**INSTRUCTIONS FOR PREPARATION OF FORM:**

**Preparation of this form will serve to refer the SNAP E&T or VIEW participant for an interview or an assignment to a work experience or FEP position for which there is a position description on file.**

**The first section of the form contains information that the SNAP E&T or VIEW participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.**

**The second and third sections of the form also contain information which will help the work site representative interview the SNAP E&T or VIEW participant, record the details of the position for which the SNAP E&T or VIEW participant is applying/reporting, and know who the local agency contact person is for this particular SNAP E&T or VIEW participant.**

**All sections of the form need to be completed for all parties to understand the referral.**



COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF SOCIAL SERVICES  
 EMPLOYMENT SERVICES PROGRAM

VIEW  SNAP E&T

Participant's Name: \_\_\_\_\_

Case#: \_\_\_\_\_

ESW: \_\_\_\_\_

ESW Phone #: \_\_\_\_\_

**ATTENDANCE & PERFORMANCE RATING SHEET**

This form enables the Employment Services Worker (ESW) to monitor participant attendance and performance. It should be completed each month by the Work Site Supervisor and provided to the ESW by the 5<sup>th</sup> day of the following month.

DATES AND HOURS WORKED FOR MONTH: _____ 20__ __							
Date	Hours	Date	Hours	Date	Hours	Date	Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			
<b>Total Scheduled/Assigned Hours to Work This Month</b>			<b>Times Tardy</b>		<b>Comments:</b>		
<b>Total Actual Work Hours This Month</b>			<b>Unexcused Absences</b>				

**Performance Evaluation**  
 (Rating Guide: 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent)

Knowledge of Assignment _____	Punc:	Safety Habits _____
Attitude _____		Quality of Work _____
Cooperation _____		Initiative _____
Works Well with Others _____		Grooming _____
		Accepts Supervision _____
		Overall Performance _____

List skills participant has mastered \_\_\_\_\_

List skills that participant needs to improve \_\_\_\_\_

Do you recommend that the participant continues in this activity? Yes  No

Why Or Why Not? \_\_\_\_\_

Work Site Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTENDANCE & PERFORMANCE RATING SHEET**

**FORM NUMBER - 032-02-1010**

<b>Employment Services Program Acronyms</b>	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

**PURPOSE OF FORM** - This form provides a written means for the ESW to monitor VIEW or SNAP E&T participant's progress and attendance in a CWEP, WE, PSP or FEP placement on a monthly basis.

**USE OF FORM** - This form is used by the work site supervisor to record the participant's attendance and evaluate performance in the CWEP, WE, PSP or FEP position. It may also be completed by the ESW based upon information provided by the employer verbally. The form is also used by the ESW to evaluate satisfactory participation (attendance) and any need for intervention to enhance the VIEW or SNAP E&T participant's progress. Usage of the forms with FEP placement is optional. The ESW may contact the FEP employee for a verbal update. Information obtained must be noted in the VIEW and SNAP E&T record.

**NUMBER OF COPIES** - One

**DISPOSITION OF COPIES** - The original is submitted to the ESW by the fifth calendar day after the report month and becomes a part of the case record.

**INSTRUCTIONS FOR PREPARATION OF FORM:**

The ESW will be responsible for informing the Work Site Supervisor of their responsibility to prepare the form monthly. A six-month supply of the form may be given to the Work Site Supervisor at the time the agreement is completed. Identifying information should be completed by the ESW prior to giving this form to the Work Site Supervisor.

For CWEP, WE and PSP placements, the ESW will be responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

All sections of the form need to be completed in their entirety to enable the ESW to evaluate performance and monitor attendance.

The Work Site Supervisor will be responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

**VIEW**  **SNAP E&T**   
 Participant's Name: \_\_\_\_\_  
 Case #: \_\_\_\_\_  
 ESW: \_\_\_\_\_  
 ESW Phone #: \_\_\_\_\_

**EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET**

This form must be returned to the Employment Services Worker (ESW) by the 5<sup>th</sup> of every month.

**Name of Class:** \_\_\_\_\_ **Name of Program/Curriculum:** \_\_\_\_\_  
**Name of Institution:** \_\_\_\_\_ **Instructor Name:** \_\_\_\_\_  
**How is instruction delivered:** In-person  Online  Hybrid  Other: \_\_\_\_\_

**TO BE COMPLETED BY THE PARTICIPANT**

Please circle the dates that your class is scheduled to meet for the month. After each class meeting, fill in the number of hours that you attended class, labs, or other activities required for the class. If you were not in class, please use one of the codes listed below to explain why you were not in class on that date.

Please sign the form and have the Instructor (or designee) sign the form to confirm that the information is correct.

**Attendance Month:** \_\_\_\_\_ **20** \_\_\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<b>Attendance Codes:</b>			
			<ul style="list-style-type: none"> <li>▪ A: Absent</li> <li>▪ C: Closed</li> <li>▪ H: Holiday</li> </ul>			

Participant's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

**TO BE COMPLETED BY THE INSTRUCTOR**

Is homework/study time necessary for success in this class?  
 Yes  No

Is the attendance information reported accurate? Yes  No

Instructor's Signature: \_\_\_\_\_

**TO BE COMPLETED BY THE (ESW)**

**Homework/Study Hours (VIEW ONLY)**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<b>Monthly total homework/study hours:</b>			

**Total attendance hrs:** \_\_\_\_\_ **Assigned hrs:** \_\_\_\_\_  
**Holiday hrs used:** \_\_\_\_\_ **Excused absences hrs used:** \_\_\_\_\_

**EMPLOYMENT SERVICES PROGRAM  
EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET**

**FORM NUMBER - 032-03-1020**

<b>Employment Services Program Acronyms</b>	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

**PURPOSE OF FORM** - This form provides a written means for the Employment Services Worker (ESW) to monitor a VIEW or SNAP E&T participant's attendance in an education or training program on a monthly basis.

**USE OF FORM** - This form is used by the education or training program instructor to verify the participant's attendance. The form is also used by the ESW to evaluate any need for intervention to enhance the VIEW or SNAP E&T participant's progress. A separate form is completed for each course.

**NUMBER OF COPIES** - One

**DISPOSITION OF COPIES** - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

**INSTRUCTIONS FOR PREPARATION OF FORM:**

The ESW will be responsible for informing the participant of their responsibility to ensure that the form has been completed in its entirety and signed by the instructor/ his designee each month. A sufficient supply of copies of the form for the semester/ quarter/ length of the course should be given to the participant at the time the assignment is made.

All sections of the form need to be completed in their entirety to enable the ESW to verify attendance. The ESW will fill in the Participant's Name, Case #, ESW name, and ESW Phone # at the top of the form. The participant will fill in the Name of Class, Name of Program/Curriculum, Name of Institution, Name of Instructor, and How is Instruction Delivered. The participant will circle the days of the month the class is scheduled to meet. After each scheduled class meeting, the participant will fill in the actual hours of attendance, or the appropriate code if the class was not attended. After the form has been completed, the participant will sign it and then have the instructor or designee answer the homework and attendance questions and sign the form.

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The ESW will review the form, and, if unsupervised homework or study time is necessary for success in the class (this will be checked by the instructor), will add one hour of unsupervised homework/study time for each hour of scheduled class time and will total the hours of attendance and unsupervised homework/study time (VIEW only), and fill in the Total monthly attendance hours. The ESW will fill in the Assigned hours for the month, the Holiday hours used during the month, the Excused Absence hours used during the month, and the Total Countable hours of participation for the month.

Note (VIEW Only): Unsupervised homework/study time can be counted for each hour the participant was scheduled to attend, even if the participant was absent from class on a particular day, if the class was not held because the institution was closed on the scheduled class day, or because scheduled day fell on a holiday. If the participant reports that supervised study time is a required part of the class, the worker will obtain verification from the instructor and will note the hours spent in supervised study by date on the form and add them to the Total Hours for the Report Month). The total hours of class attendance, unsupervised homework/study time, plus any supervised study time, will be reported as participation if otherwise allowable.

The participant will be responsible for providing the completed form to the ESW by the fifth calendar day after the close of the report month.

Name of Participant \_\_\_\_\_  
Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

Participant's Client ID # \_\_\_\_\_  
 SNAPET     TANF     TANF-UP

- Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (APR attached). Effective Date of TANF approval: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Result of reevaluation of non-exempt/mandatory status: \_\_\_\_\_
- Volunteer no longer wishes to participate.
- Non-exempt/mandatory individual now exempt. Reason: \_\_\_\_\_
- Individual may be unable to participate in ESP/SNAPET program because \_\_\_\_\_
- Individual is not able to     Read English     Write English

Individual will enter/entered employment at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Scheduled # of Hours/week \_\_\_\_\_. Rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_.  
Frequency of pay: \_\_\_\_\_. Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_.

- Individual/household no longer eligible for SNAP. Case closed due to: (check one)  
 Employment/benefit reduction/savings information provided below  
 Other: \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Individual removed from the SNAP household because \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits will be reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

- Individual appealed TANF sanction. Case remains open until appeal resolved.
- TANF Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 TANF case reopened.

- 24-Month Eligibility Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Appeal prior to 24-Month Closure or  Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_.  Client has requested that case remain open until appeal resolved.

- VIEW Transitional Payment established effective \_\_\_\_/\_\_\_\_/\_\_\_\_.
- VIEW Transitional Payment ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Reason: \_\_\_\_\_

- Amount of SNAP allotment for the month of \_\_\_\_\_ was \$ \_\_\_\_\_.
- New certification period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

- Individual is a refugee. Contact \_\_\_\_\_ (refugee resettlement agency) at \_\_\_\_\_ (telephone) before conducting VIEW/SNAPET initial assessment.

- Other \_\_\_\_\_

10/23

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EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the eligibility worker (EW) and the employment services worker (ESW).

USE OF FORM - Either the eligibility worker or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an EW to ESW page and an ESW to EW page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAPET files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the EW and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check "Other" and enter the information.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT AND TRAINING (SNAP E&T)

TO: \_\_\_\_\_ Agency \_\_\_\_\_  
(Name)  
\_\_\_\_\_ Date \_\_\_\_\_  
(Address)  
\_\_\_\_\_ Case Number \_\_\_\_\_  
(City State & ZIP)

**SNAP E&T NOTICE OF CASE CLOSURE**

You are out of compliance with rules for SNAP E&T participation.

You did not participate as required in SNAP E&T. Because of this, your SNAP E&T participation will be terminated.

**SNAP E&T WILL END BECAUSE:**

- You did not keep your scheduled appointment on \_\_\_\_\_.
- You did not complete your assignment to \_\_\_\_\_.
- Other \_\_\_\_\_.

In order to avoid having your case closed, you must contact me by \_\_\_\_\_ to give me a good reason why you did not complete the activity checked above.

If we do not hear from you on or before \_\_\_\_\_, your SNAP E&T case will close effective \_\_\_\_\_

SNAP E&T Worker/Case Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901
- Call me at the number listed on the front
- Call 1-800-552-3431

### When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*

\* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearing officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearing officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

**SNAP E&T NOTICE OF CASE CLOSURE**

FORM NUMBER - 032-02-0089

PURPOSE OF FORM -

This form informs households of the closure of the **SNAP E&T** case due to the failure to comply with **SNAP E&T** requirements. The form also establishes the time frame of five working days to establish good cause and notes the reason for being out of compliance.

USE OF FORM - The form must be sent to each participant after the participant fails to comply with **SNAP E&T** requirements.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the participant  
Copy is maintained in participant's case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. Complete the identifying case information and the name and address of the person who did not comply with **SNAP E&T** requirements.
2. Check the appropriate block indicating what the participant failed to do.
3. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

Example

The **SNAP E&T** Worker sent a **SNAP E&T** Notice of Case Closure to a participant who was out of compliance on Thursday, March 3<sup>rd</sup>. The date by which the participant must contact the worker no later than March 10<sup>th</sup>.

4. Include the **SNAP E&T** worker/case manager's name and phone number.

**MEDICAL EVALUATION**

It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that they are unable to participate in employment and training activities. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine program activities that this individual may be able to perform, even if there are some limitations.

Patient's Name: _____ Address: _____ _____ Phone Number: _____ Birthdate: _____	Agency Name: _____ Address: _____ _____ Agency Contact: _____ Phone Number: _____ Fax: _____ Email: _____
---	---

**ABILITY TO PARTICIPATE IN EMPLOYMENT AND TRAINING ACTIVITIES:**

1. Date of examination on which this medical evaluation is based: \_\_\_\_\_ (Examination must have been conducted within the last 90 days).
2. In terms of participating in employment and training activities and the individual's current health issue(s), check the most appropriate statement (**ONLY ONE**) either A, B, or C.

A.	Able to participate in employment and training activities without significant limitations or modifications <b>Skip the remaining questions and complete the Signature section at the bottom of page 2.</b>
<input type="checkbox"/>	
B.	Able to participate in employment and training activities at least <b>20 hours</b> per week with limitations and/or modifications as needed. Anticipated number of months the limitation or need for modification will last. (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 How many total hours per week can the individual participate in employment and training activities? (check one) <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <b>Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2.</b>
<input type="checkbox"/>	
C.	Not able to participate in employment and training activities in any capacity at this time Anticipated number of months the limitation or need for modification will last. (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <b>Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2.</b>
<input type="checkbox"/>	



3. Based on your knowledge of the individual's medical condition, list any limitations that would affect the individual's ability to participate in employment and training activities.
- Physical Limitations: \_\_\_\_\_
- Mental Health Limitations: \_\_\_\_\_
- Other Limitations Not Listed Above: \_\_\_\_\_
4. Do you recommend that this individual apply for SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance) benefits at this time?  Yes  No

**DIAGNOSIS AND TREATMENT:**

5. Please indicate the primary medical reason for the individual's inability to participate in employment and training activities, or to participate with modifications and/or limitations, in the "primary diagnosis" space below.

Primary Diagnosis: \_\_\_\_\_

If other medical issues contribute to the individual's inability to participate in employment and training activities, or to participate with modifications and/or limitations, please record those in "secondary diagnosis" space below.

Secondary Diagnosis: \_\_\_\_\_

6. Would reviewing this form jeopardize the patient's health or well-being?  Yes  No

**COMPLIANCE:**

7. If physical therapy, counseling, medication or other treatments were prescribed, is the individual complying?

Yes  No  Don't know

8. If the individual is not complying with recommendations, are you aware of the reason for not complying?

Yes  No  Don't know

9. Does the individual's condition hinder their ability to care for children?  Yes  No

**REFERRALS:**

10. Does the individual require additional evaluation and/or assessment to determine current and/or future functioning?

Yes  No      If yes, by whom: \_\_\_\_\_

Field or area of expertise: \_\_\_\_\_ Date referred: \_\_\_\_\_

**SIGNATURE:**

This form may be signed **only** by a medical doctor, including a psychiatrist, a doctor of osteopathy, or by a physician's assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

Signature \_\_\_\_\_  
(Physician or Nurse Practitioner or, Physician's Assistant)

Date form was completed: \_\_\_\_\_

Name _____ (Please print)
Office telephone number: _____
Office Address _____
_____

***or***

<b>OFFICE STAMP</b>
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## MEDICAL EVALUATION

FORM NUMBER – 032-03-1040

PURPOSE OF FORM – To provide medical information concerning the mental/physical condition of a Temporary Assistance for Needy Families (TANF) and/or SNAP Employment and Training (SNAP E&T) applicant/recipient or a Virginia Initiative for Education and Work (VIEW) participant.

USE OF FORM – To be used by the local social services agency in securing medical information when a written statement is necessary to determine ability to participate in employment and training activities.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating medical professional and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM – The information at the top of the form is completed by the eligibility/VIEW/SNAP E&T worker prior to submittal of the form to the examining or treating medical professional. The information requested in Items 1 through 10 is entered by the examining or treating medical professional. The medical doctor, physician's assistant, or nurse practitioner is to sign the form and also complete the identifying information in the appropriate spaces.

In the case of a single parent household, if the medical professional completing the form indicates in Compliance, item 9, that the patient's condition hinders his/her ability to care for the children, contact the agency's childcare and/or child welfare staff to determine if services are needed

**Local Department of Social Services Client Referral Sheet**

**Full Name of Client:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/County** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Client Case #:** \_\_\_\_\_ **Time-Limited:** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**Referred To:** \_\_\_\_\_  
(Name of Re-entry Services Coalition Member)

**Services requested:** \_\_\_\_\_

\_\_\_\_\_  
**Local Social Services Agency:** \_\_\_\_\_

**Person Referring:** \_\_\_\_\_

**Signature of Person Referring:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Authorization to release information:**

**Confidentiality:** Any information obtained by the Re-entry Services Coalition concerning recipients of social services shall be treated as confidential in accordance with relevant provisions of State and federal law.

**Client Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Person Receiving Client:** \_\_\_\_\_

**Signature of Staff Receiving Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Client Referred to One-Stop:** \_\_\_\_ **yes** \_\_\_\_ **no** **Date:** \_\_\_\_\_

\*Local department of social service worker making referral must be notified via e-mail.

Local Department of Social Services Re-Entry Client Referral Sheet

FORM NUMBER - 032-03-0412

PURPOSE OF FORM – This form provides Re-Entry Services Coalition Members with a written request from the local department of social services to provide services to a SNAPET participant who is also an ex-offender.

USE OF FORM – The SNAPET worker must prepare the form to refer SNAPET participants who are ex-offenders to a Re-entry Services Coalition Member for necessary services.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The original form must be sent to the Re-entry Coalition Member for inclusion in the case file maintained at that organization. A copy of the completed form must be maintained in the SNAPET file.



# First Report of Injury

Virginia Workers' Compensation Commission  
 1000 DMV Drive Richmond Virginia 23220  
 1-877-664-2566



www.vwc.state.va.us

Reason for filing: \_\_\_\_\_  
 VWC Jurisdiction Claim #: \_\_\_\_\_  
 (If assigned) \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

Claim Administrator File#: \_\_\_\_\_

Employer		
Employer's Legal Name		Federal Employer Identification Number (FEIN)
Employer's Mailing Address		
Name/FEIN of Entity on Policy		Nature of Business
Name and Address of Insurer or Self-Insurer for this Claim		Policy Number
Time and Place of Accident		
Location where accident occurred	Date of injury	Hour of injury <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
	If fatal, give number of dependent children	
Injured Worker		
Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID <input type="checkbox"/> Social Security No. <input type="checkbox"/> Employment Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Passport No. <input type="checkbox"/> Unknown
Occupation at time of injury or illness	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nature and Cause of Accident		
Machine, tool, or object causing injury or illness		
Describe fully how injury or illness occurred		
Describe nature of injury, occupational disease, or illness, including body parts affected		
Signatures		
Submitter (name, signature, title)		Date
		Phone number
Submitter's Address		

## **First Report of Injury**

### **Filing Instructions**

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

#### **Employer**

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

#### **Claim Administrator**

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.\* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

\*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed \$1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.